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allow accurate, culturally	tailored interventions	to be developed	and implemen	ited, and may reduce
morbidity and mortality re	sulting from late presen	itation in Haitia	n women with	breast cancer.
This is an in-person, rand	omized, cross-sectional	survey of 250 wo	men, 40 year	s of age and older,
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#### 4.0 INTRODUCTION

#### 4.1 Background

Over the past decade, factors of importance in the utilization of cancer prevention and screening have been examined through a number of quantitative and qualitative survey investigations. Many of these studies have examined such variables as socioeconomic status, health insurance, race, educational and literacy levels, availability of primary service providers, and access to reliable sites of care. Among the most farreaching factors in utilizing available services, however, are models of health and illness that are culturally encoded. Cultural belief systems, which may play a decisive role in health seeking behaviors, have been examined in a number of qualitative studies. Despite the usefulness of these studies in identifying important variables, qualitative studies cannot be used to determine the magnitude of the effect of specific cultural factors on health seeking behavior.

For Haitian immigrants in the United States, data that assess the impact of cultural factors concerning health and illness would be of great assistance in the tailoring of cancer education and outreach. Haitians in the US represent a sizable and growing population, upwards of 500,000 documented and 1.2 million undocumented immigrants, according to recent estimates, although reliable data on the number of Haitians living in the US is not now available from such conventional sources as census reports. The dearth of this and other data on Haitians exists for a number of reasons. Difficulties have been reported when surveys of Haitians in the United States are attempted, owing to factors associated with language, mobility, poverty, and a reluctance to participate due to prior misrepresentation (stigmatization during the early years of the HIV pandemic), immigration history, and recent immigration policies. Moreover, Haitians are often categorized in studies as African-Americans. This categorization not only impacts the scarcity of data on Haitians, but lead to a non-accurate report on African Americans (56).

Anthropological works have analyzed models of Haitian health beliefs, and have provided a schema of disease categories (19,23,33,34,35). This schema includes: diseases sent by the "Good Lord;" supernatural illnesses sent by an enemy or deities; illnesses caused by exposure to a "powder" malevolently applied by a Vodou priest; and illnesses that can be treated with the help of an herbalist. Traditional means for healing or intervention include home remedies and recourse to: a faith healer; a Vodou priest (Houngan, Mambo, or "boko"); a masseur, masseuse, midwife, etc.; or an allopathic health professional, such as a herbalist or doctor, respectively. We propose to measure, in a quantitative manner, factors associated with Haitian cultural models of health and illness. These measurements will further allow us to determine the impact of these models upon breast cancer screening, as well as their likelihood on seeking follow-up evaluation in the event of an abnormal finding.

The clinical experience of Haitian women observed by a number of Haitian and non-Haitian providers at the Boston Medical Center in Boston, MA indicates that Haitian women present late for evaluation of breast abnormalities and/or delay further evaluation and care, even where mammography has been received. This implies that these women are not yet receiving the message of the role of screening mammography in early detection, treatment, and survival of breast cancer. Case series at Boston Medical Center

revealed that 20/200 (10%) breast cancer cases were Haitian women. In addition, Haitian women tend to present at a more advanced stage and have increased morbidity and mortality. In the proposed study, four factors identified in our pilot study are being investigated at greater depth. We seek to determine more specific information on the relationship between cultural models of illness and health decision making in the context of screening mammography and Pap smear, as well as on likely responses in the event of abnormal findings, and cancer treatment. First, the Haitian women we interviewed were by a clear margin the most frequent users of home remedies for illness: 66% of the Haitian women reported the use of home remedies, vs. 43% Latina, 29% English-speaking Caribbean, 23% African-American, and 19% of the white women. Second, Haitian women, closely followed by other women from ethnic minority groups, were twice as likely as white women to interpret a diagnosis of cancer as a death sentence (Haitian 51%; Latino, 50%; English-speaking Caribbean, 48%; African-American, 45%; and white, 24%). Thirdly, our data further indicated that half of all women surveyed said they did not want another mammogram, casting into doubt their understanding of its usefulness in detecting and effectively treating cancer. Fourth, as discussed earlier, our qualitative data indicated that Haitian women far more often than other ethnicities did not know what cancer was, nor the purpose of mammography

#### 4.2 Previous Studies

In 1997, we designed and implemented a pilot study to measure breast cancer screening utilization among Haitian immigrant women compared to women of other ethnic groups living in the same neighborhood. These women were over the age of 40 who lived in Boston communities known to have large numbers of Haitian immigrants. In this study, we interviewed 334 women, including 141 Haitians, 55 African American, 22 English-speaking Caribbean, 22 Latina, 63 White, and 31 other women. Our results indicated similar breast cancer screening rates according to ethnic groups except in white women: 82% (95% CI 76%-89%) of Haitian women reported ever having screened for mammogram vs. 76% (65%-88%) African-American, 77% (60%-95%) English-speaking Caribbean, 86% (72%-100%) Latina, 97% (92%-100%) of the White women. Factors such as socioeconomic status (8,9) and respondent's high degree of fatalism contributed to discrepant utilization rate (13). Although many Haitian women we surveyed had received at least one screening mammogram (82%) their qualitative responses indicated that these women did not understand what cancer was, nor the purpose of their mammogram and Pap smear compared to their neighborhood counterparts.

Our pilot survey data demonstrated marked differences in mammography screening in all minority populations compared with Caucasian women. African American women actually had lower mammography rates (although not statistically significant in the smaller pilot sample) than Haitian American women. Our initial survey determined utilization rate of mammography; however, the survey instrument did not include methodology permitting an extensive examination of cultural beliefs among Haitians. Therefore, the proposed methodology will help us identify the belief patterns associated with Haitians that influence screening behavior.

#### 4.3 Experimental Design

We employed an in-person, cross-sectional survey of 250 Haitian women, 40 years of age and older, who reside in or near Haitian neighborhoods in Boston, Cambridge, Somerville, and Brockton, cities which are known to have neighborhoods with high concentrations of Haitian families. We used in-person interviews in the respondent's preferred language (English or Haitian Creole).

Our sampling method for the proposed survey reflected the considerable experience gained during our previous effort. Initial survey canvas street maps were compiled by combining information obtained through interviews with Haitian Consul and representatives from community-based organizations, businesses, and churches. We used City of Boston Assessing Department's Property Parcel Data for fiscal year 2000 (see 5.5) to obtain listing of housing units from the provided street names. Units identified as Haitian residence were visited to ask their residents for further street names where other Haitian families are likely to reside. Informants were asked to indicate if they knew of any other blocks that should be added to the prospect list ("snowball sampling"). Blocks that were estimated by two or more credible informants to contain at least 20% Haitian households, or at least 10 Haitian households, were included in the survey universe. We defined 50 units as a block and it excluded businesses and other no housing units. In each block, all housing units were enumerated and 12 of the 50 units were randomly selected.

Interviewers visited the first twelve units listed, and return at least four times if no answer was obtained or the person answering requested a return at a later time. Units were screened in if they include a woman 40 years of age or older. If more than one potentially eligible subject lived in a single residence, the woman with the most recent birth date was selected as the respondent. Units without an eligible subject were replaced by moving down the list until 12 subjects are chosen from each block (or the block exhausted). If an eligible respondent is said to live in the household, but is unavailable at the first visit, the interviewer arranged to return and secure the interview, if possible. These arrangements represented an important component of our methodology for reaching the target population.

An innovative questionnaire which includes items for measuring factors associated with cultural health beliefs has been developed for a standard cross-sectional survey, based on experience gained in the pilot study (see 6.2). Substantial efforts were expended in the development of the instrument in order to interview Haitian women in a competent and sensitive manner. Factors for measurement included health care practices, attitudes about breast cervical cancer, the efficacy of allopathic medicine in its treatment, cultural identity, and language preference. The survey instrument used items from the pilot study, from a study conducted among Hispanic women by the Latino Health Institute, and from the National Health Interview Survey 1992 epidemiological and cancer control supplements, thus permitting comparison with national norms. Items measuring background items on ethnicity, SES and demographics; language preference scales; medical utilization; certain health belief items; and the dependent variables of screening mammography and Pap smear utilization derived from the Cancer Control Needs in Multi-Ethnic Communities study, conducted in New York City in 1993. Some acculturation items have been suitably modified from scales developed for use with the Hispanic populations (30,36,38). Their construct validity for use with Haitian women underwent evaluation as a secondary objective in the proposed work with appropriate criterion variables.

Furthermore, we had applied and obtained additional funding from the Center for Disease Control and Prevention, Racial and Ethnic Approaches to Community Health 2010 to survey 250 non-Haitian women (Caribbean, African American, Caucasian, and Hispanic) to compare the results of Haitian women with women from other ethnic groups living in the same neighborhood.

### 4.4 Objectives

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- I. To perform a cross-sectional survey of Haitian women in Eastern Massachusetts and comparison subjects living in the same neighborhoods, and to compare breast and cervical cancer screening rates, including rates of repeated mammography and Pap smear, as reported by Haitian and other immigrant women, and US born women of varying ethnicity.
- II. To measure contributions of (1) fatalism and (2) knowledge about cancer, its prevention and treatment to attitudes of Haitian women and comparison subjects towards screening mammography & repeat mammograms as well as Pap smear.
- III. To develop a culturally competent and sensitive methodology with which to measure adherence to allopathic and non-allopathic models of health and illness among Haitian vs. non-Haitian women, specially including beliefs about cancer, and particularly including the impact of this adherence upon the likelihood that respondents will comply with, seek, or avoid breast and cervical cancer screening, follow-up, and treatment services.
- IV. To evaluate the knowledge of Haitian vs. non-Haitian women about cancer prevention, screening, and treatment after hearing typical clinical explanations of cancer prevention, screening, and treatment.
- V. To measure, in Haitian and non-Haitian women who have experienced abnormal Pap smear and mammogram results or breast lumps, the length of time between detection, follow-up evaluations(s), and treatment, if any.

#### 5.0 BODY

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#### 5.1 <u>Hiring Project Coordinator</u>

A project coordinator has been hired to assist with the project. A potential candidate was required to have a Masters in Public Health or Social Work, with experience in epidemiological research. The curriculum of vitae were recovered from a number of applicants and we interviewed several candidates. In November, Linda Ko was interviewed for the position, and in the end of December 1999, she came on board with the project.

Ms. Ko completed her Master of Science degree from the University of Texas and a Master in Public Health degree from Boston University School of Public Health with a concentration in Epidemiology and Biostatistics. She has previous epidemiology and basic science research experience. Before joining the project, she worked in a study that observes the effect of Tamoxifen in older women with Breast Cancer at Boston Medical Center.

#### 5.2 Survey Instrument Development

An interviewer-administered instrument was developed for the previous study (see 4.2). The structured interviewer-administered instrument asked primarily about the subject's mammography utilization and did not include methodology permitting an extensive examination of cultural beliefs, including reliance upon complex, traditional Haitian beliefs systems of health and illness that may affect health care access.

Revisions were completed on the interviewer-administered instrument on June 15, 2000 after the field testing (see 5.3). Investigators meetings were held with the coinvestigators; Drs. Karen Freund and Nicole Prudent to discuss survey modification. The revisions to the instrument dealt with issues raised both the unique study objectives of the current study, as well as building upon the findings of the previous study. Questionnaire were translated by Jean Robert Boisrond and back-translated by Ketley Foureau, both consultants. Field testing of the questionnaire was completed on 20 subjects (see 5.3) and proper changes were made after the testing.

- 1) Adherence to allopathic and nonallopathic medicine. The Haitian women interviewed in the previous study were by a clear margin the most frequent users of home remedies for illness. Therefore, we included questions to measure the adherence to allopathic and nonallopathic models of health and illness among Haitian women and to identify any association between adherence to non-allopathic beliefs about health and illness with: respondent fatalism; knowledge and attitudes about cancer, its prevention and treatment; and the likelihood that respondent will comply with, seek, or avoid breast cancer screening, follow-up, and/or treatment services.
- 2) Evaluation of abnormal mammograms. The completed study asked one question about abnormal diagnosis. We wanted to investigate in dept if women who are

diagnosed with abnormal mammogram seek further test and/or proper care after their diagnosis. Therefore, we included additional questions on the length of time between detection, follow-up evaluation (s), and treatment to decipher the point of delay in the evaluation of abnormal results.

- 3) Knowledge on cancer. Our completed study indicated that Haitian women were twice more likely than white women to interpret a diagnosis of cancer as a death sentence. Therefore, additional questions were included in order to study if those believes affect their attitudes and practices towards screening mammography and repeat mammography
- 4) Cultural Factors and beliefs. Measurable items concerning cultural factors, that may delay or inhibit the seeking of cancer screening and treatment services were also carefully evaluated through field testing before incorporation into the final survey instrument.

## 5.3 Field Testing

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The questionnaire was piloted in its complete form with 20 subjects of diverse backgrounds and ethnicity to assess the comprehensibility and acceptability of the new questions and the questionnaires in their entirety. The subjects were enrolled in the ambulatory primary care unit at Boston Medical Center from May 15, 2000 to June 13, 2000. Subject difficulties in comprehension of the intent of questions were particularly examined. Revisions were made based on the comments of the pilot subjects on an ongoing basis during the pilot phase, so that revisions of poorly worded questions could then be edited. The final version of the questionnaire was completed on June 15, 2000. Appendix1 contain the final instrument.

#### 5.4 Institutional Review Board.

The final version of the questionnaire and consent form were submitted to the institutional review board in Boston Medical Center, and approved before the data collection (April 2000). Institutional Review Board renewal approval application was submitted a year later and granted on March 2001 (see Appendix 3).

#### 5.5 Recruitment of Study Participants and Strategy

Activities concerned with locating potential participants for the study were performed. A list of street names with a large density of Haitian residents were compiled for Dorchester, Mattapan, Roxbury, Hyde Park, Cambridge, Somerville, and Brockton. To this end, we contacted the Haitian consulate, local Haitian organizations such as Haitian Multi Service Center, the Haitian American Public Health Initiatives, and local priests whose works include outreach ministries into the Haitian community.

Our previous investigation revealed that the City of Boston Assessing Department's Property Parcel Data resulted very useful in identifying potentially eligible neighborhoods. Therefore, we purchased the CD-ROM of the Property Parcel Data of the designated project cities as well: Somerville, Cambridge, Brockton and Boston. The CD-ROM contains information of the address, current tenant's name, property owner's name, and property value. This provided us with the addresses and names to select from the previously compiled street names.

The Principal Investigator and the project coordinator compiled a comprehensive directory of blocks in the designated project areas. Blocks estimated to contain at least 10 Haitian households were selected. In each block, all housing units were enumerated and fifty housing units were considered "a block." A biostatistian was consulted to randomly select twelve units from each bock.

#### 5.6 <u>Hiring and Training of Interviewer</u>

A full time interviewer has been recruited to perform the in-person interviews. Ms. Islande Donnat, the interviewer, holds a B.S. degree from University of Massachusetts at Boston. The interviewer has extensive interviewing experience. Ms. Donnat received training both on and off the field. Appendix 2 gives the schedule of the twelve hours of training seminar implemented in two days. The seminar covered two major areas: 1) general interviewing techniques and standardized probes and 2) background on the project and specifics as they relate to the questionnaire. The interviewer observed one interview before performing one on her own. The interviewer administered one interview off field before the field interview. The interviewer completed her first interview on the field under direct supervision of the project coordinator on June 22, 2000 and received appropriate feed back.

We were also able to recruit two students (summer interns) as interviewers in the summer of 2000 and 2001 to speed up the interview rates. Michelle Andreoli volunteered from June 19 through August 16, 2000. Ms. Andreoli received a B.S. degree from Boston University and was a 2<sup>nd</sup> year Boston University medical student. Frantzsou Balthazar volunteered from June 20 through August 30, 2001. Ms. Balthazar holds B.S. degree from University of Massachusetts at Boston and was a 2<sup>nd</sup> year master student at Boston University School of Public Health. Both Ms. Andreoli and Balthazar underwent interviewer's training seminar mentioned in the above paragraph.

The second additional funding (see section 4.3, last paragraph) allowed us to hire another full time interviewer to interview the control groups of women. On February 2001, Marjorie Montero became on board. Ms. Montero holds a B.S. degree from University of Massachusetts at Boston. Ms. Montero was trained both on and off the field before her first on-field interview.

#### 5.7 <u>Data Collection</u>

As of October 30, 2001, We collected information on 241 Haitian participants (out of 250) and 345 non-Haitian participants from the four cities (Cambridge, Brockton, Somerville, and Boston) (see table 1 & 2). The overall response rate is 77%.

We encountered difficulty in finding eligible Haitian women living in the city of Cambridge and Brockton and enrolling them into the study. Therefore, although our overall interview rate is high, the response rates in Boston (86%) and Somerville (77%) are higher than from the city of Brockton (61%) and Cambridge (57%).

Table 1. Summary of enrollment and interviews of women by cities

Cities	Haitian	Non-Haitian	Total	Response rate
Boston	156 (41%)	226 (59%)	382	86%
Somerville	52 (63%)	31 (37%)	83	77%
Brockton	16 (32%)	34 (68%)	50	61%
Cambridge	17 (24%)	54 (76%)	71	57%
Total	241	345	586	

Table 2: Summary of enrollment and interviews of women by ethnicity

Ethnic group	Frequency	Percent
Haitian	241	41.1%
White	125	21.3%
African American	124	21.2%
Caribbean	51	8.7%
Latina	32	5.5%
Other	13	2.2%
Total	586	

#### 5.7.1 Quality Control and Management

A two-hour weekly meeting was held with the interviewers to focus on problems encountered during the week. Survey consistency, safety issues, and specific questions were addressed during this meeting. The project coordinator reviewed all questionnaires and tracking forms, and discussed over any discrepancies with interviewers at this meeting. At the initial period of data collection, common inconsistency was leaving out a zero before one digit number. For instance, an interviewer will write number 5 on question 1-4 (appendix 1, page 27) instead 05. The project coordinator corrected the questionnaires and the correct methods were reinforced during the weekly meetings. About 10% of the questionnaires reviewed per month showed similar discrepancies. All discrepancies were resolved. As data collection progressed, questionnaires were more consistent.

#### 5.7.2. Data Entry

After data entry fees were negotiated with Ethel Rollins, questionnaires were sent for data system development and testing. An expert translator translated the open-ended questions of Haitian Creole questionnaires to English prior being entered. The data entry was completed on questionnaires collected from participants living in Brockton and Cambridge. Twenty out of 83 questionnaires from Somerville residents has been entered. The data entry from Boston residents will be followed after Somerville.

#### 5.8 Planned Activities for Twelve Months

#### 5.8.1. Hiring of Data Analyst and Final Analysis of the Data

We have a data analyst. We identified major analytic outcome and independent variables from the questionnaires (see appendix 5) and we presented those variables with our initial analytic plan to the Clinical Epi/Health Services Research-In-Progress monthly meeting on October 23, 2001. Appendix 6 provides a copy of the power point presentation notes. The participants of the meeting consisted of 35 to 40 researchers from the general internal medicine, pediatrics, geriatrics, oncology and cardiology department. The ideas and comments generated from the analytic plan presentation and discussion were carefully considered and the analytic plan was refined and prepared for implementation so that data analysis can proceed efficiently once data collection and entry is complete.

- 5.8.1.a. Bivariate Analysis: Bivariate analysis of each independent variables (demographic, primary care, health care, and ethnicity) with each outcome variables on all women.
- 5.8.1.b. Modeling # 1: Modeling of acculturation (cultural identity scale, number of years in the US, first language, and language preference), knowledge, and beliefs (modesty, fate, and efficacy) scales with each outcome variables among Haitian women only, taking into account appropriate covariates and/or confounding factors. This model will be built in a stepwise selection. Factors

with P value < 0.10 will be entered in the model, but only factors with P value <0.05 will be selected to stay in the model.

Modeling # 2: Modeling of acculturation (cultural identity scale, number of years in the US, first language, and ethnicity), knowledge, and beliefs (modesty, faith, and efficacy) scales with each outcome variables in all women, taking into account appropriate covariates and/or confounding factors. This model will be built in a stepwise selection. Factors with P value < 0.10 will be entered in the model, but only factors with P value <0.05 will be selected to stay in the model.

#### 5.8.2 Final Report and Initial Manuscript Development

Initial manuscript development and final report will be completed upon the completion of data analysis.

## 6.0 KEY RESEARCH ACCOMPLISHMENTS

Task 1: De	evelopment of Survey Instrument	~
a.	Hired and trained of the Project Coordinator	Completed
Ъ.	Granted Institutional Review Board Approval	Completed
c.	Developed survey instrument	Completed
d.	Field tested of Survey Instrument	Completed
e.	Incorporated changes indicated by field testing in	Completed
	Survey Instrument	
f.	Selected blocks for sample universe	Completed
Task 2: R	ecruitment of Study Subjects	
a.	Translated and back translated the questionnaire	Completed
<b>b</b> .	Reviewed and formatted questionnaire for data entry	Completed
c.	Hired and trained Interviewer	Completed
d.	Gathered random lists of households within blocks	Completed
e.	Recruited and interviewed subjects - Goal, 50 subjects	50 of 50 completed
f.	Initiated quality control for completeness and consistency of	50 of 50 completed
	completed questionnaires	
Task 3: Re	ecruitment of Study Subjects - Continued	
a.	Recruited and interviewed subjects - Goal, 100 subjects	100 of 100 completed
b.	Continued quality controlled for completeness and	100 of 100 completed
	consistency of completed questionnaires	
c.	Initiated data entry and quality control	131 of 150 completed
Task 4: Re	ecruitment of Study Subjects - Continued	
a.	Hired a staff programmer; data cleaning program	Completed
b.	Continued recruitment of subjects - Goal, 100 subjects	91 of 100 completed
c.	Completion of data entry and cleaning	Pending
d.	Interim Statistical analyses of data gathered from interviews	Pending
e.	Wrote annual reports	Completed

Task 5: Data analysis

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a. Data entry continues
b. Final analysis of data
c. Final report and initial manuscript development
Pending

In addition, we have collected information on 345 non-Haitian women. We interviewed 125 White Caucasian, 124 African American, 51 English speaking Caribbean, 32 Latina, and 13 other groups of women that did not belong to any of the four categories.

## 7.0 REPORTABLE OUTCOMES

Because the data collection phase is as yet not complete, there are currently no reportable outcomes of the study.

#### 8.0 CONCLUSIONS

We are reaching our targeted goal of collecting information on 250 participants. We have collected information of 241 Haitian women. Having received a second additional funding from another agency, we collected information on 345 non-Haitian women as well. Since the project is as yet not complete, there are currently no conclusions to be drawn about the study. We are currently in need to complete data analysis and manuscript development. Per the Department of Defense technical editor's advise, we submitted a twelve-month no-cost extension request to our local grant manager (Boston Medical Center, Research and Grand Management). We anticipate the writing of the manuscript and the completion of data analysis by November 2002.

#### 9.0 REFERENCES

- 1. 1990 Census of Population and Housing, Summary Tape File 3. Massachusetts Institute for Social and Economic Research, Amherst, MA. 1996; 10 (3): 104.
- 2. Ackermann SP, Brackbill RM, Bewerse BA, Sanderson LM. Cancer screening behaviors among U.S. Women: Breast Cancer 1987-1989, and cervical cancer 1988-1989. MMWR 1992;41:17-25.
- 3. Analyse De La Situation Sanitaire Haiti 1996. Ministere De La Sante Publique Et De La Population. Organization Panamericaine De La Sante Organization Mondiale De La Sante.
- 4. Ansell D, Whitman S, Lipton R, Cooper R. Race, income, and survival from breast cancer at two public hospitals. Cancer. 1993;72:2974-8.
- 5. Baker, LH. Breast cancer demonstration project: five-year summary report. CA. 1982;33:194-225.
- 6. Behavioral Risk Factors Surveillance Survey, Center for Disease Control, 1993.
- 7. Bradburn, NM. Response Effects. In Rossi, PH, Wright, JD and Anderson, AB eds. Handbook of Survey Research. 1983; Academis Press, Inc. San Diego.
- 8. Breen N, Kessler L. Changes in the use of screening mammography:evidence from the 1987 and 1990 National Health Interview Surveys. Am J Public Health. 1994;84:62-67.
- 9. Breen N, Kessler L. Trends in cancer screening-United States, 1987 and 1992. MMWR 1995;45:57-61.
- 10. Burns RB, Freund KM, Ash A, Schwartz M, Antab L, Hall R. Who gets repeat screening mammography: the role of the physician. J Gen Int Med 1995.
- 11. Burns RB, McCarthy EP, Freund KM, Marwill SL, Shwartz M, Ash Am Moskowitz MA. Variability in mammography use among older women.
- 12. Burns RB, Freund KM, Moskowitz, MA, Kasten L, Feldman H, McKinlay JB. Physician Characteristic: Do they influence the evaluation and treatment of breast cancer in older women? Clinical Studies 1997:263.
- 13. Caplan LS, Wells, BC, Haynes S: Breast cancer screening among older racial/ethnic minorities and whites: barriers to early detection. Journal of Gerontology 1992;47:101-110.
- 14. Chevarley F, White E. Recent trends in breast cancer mortality among white and black US women. Am J Public Health 1997;87

- 15. Coreil J. Parallel structures in professional and folk health care: A model applied to rural Haiti. Medicine & Psychiatry 1983;7:31-151.
- 16. Coreil J, Marshall P. Locus of control: A cross-cultural study. Human Organization. 1982; 41: 133-138.
- 17. Dawson DA, Thompson G. Breast cancer risk factors and screening: United States, 1987. U.S. Dept. of Health and Human Services, DHHS Pub. No. (PHS)90-150.
- 18. Dawson DA. Breast cancer risk factors and screening: United States, 1987. Vital Health Statistics 1989;10:18-29.
- 19. DelBau JC. Societe, culture et medicine populaire traditionnelle. Etude sur le terrain d'un cas: Haiti. Port-au-Prince, Imprimerie H. deschamps, 1990, pp495.
- 20. Dodd G. American cancer society guidelines on screening for breast cancer: an overview. Cancer 1992; 69 (suppl): 1885-1887.
- 21. Dow T. Primitive medicine in Haiti. Bulletin of the History of Medicine 1965;39:34-52.
- 22. Farmer, P. Sending sickness: Sorcery, politics, and changing concepts of AIDS in rural Haiti. Medical Anthropology Quartely 1990a:4:6-27.
- 23. Fishman BM, Bobo L, Kosub K, Womeodu RJ. Cultural issues in serving minority populations: emphasis on Mexican Americans and African Americans. American Journal of the Medical Sciences 1993;306:160-6.
- 24. Fletcher SW, Black W, Harris R, Rmer BK, Shapiro S. Report on the International Workshop on Screening for Breast Cancer. J Natl Cancer Inst 1993;85:1644-1656.
- 25. Frankl G. The use of screening mammography. Cancer 1987;60:1979-1983.
- 26. Freeman Hp, Wasfie TJ. Cancer of the Breast in Poor Black Women. Cancer 1989;63:2562-9.
- 27. Fruchter RG, Nayeri K, Remy JC, Wright C, Feldman JG, Boyce JG, Burnett WS. Cervix and Breast Cancer incidence in Immigrant Caribbean Women. Am J Public Health. 1990;80:722-4.
- 28. Fruchter RG, Wright C, Habenstreit B, Remy JC, Boyce JG, Imperato PJ. Screening for cervical and Breast cancer among Caribbean immigrants. J Community Health. 1985;10:121-135.
- 29. Furino A. Health Policy and the Hispanic. 1992. Westview Press, Boulder, CO.
- 30. Hazuda HP, Stern MP, Haffner SM. Acculturation and assimilation among Mexican-Americans: scales and population-based data. Soc Scie Quartely. 1988;69:687-706.

- 31. Kattlove H, Liberti A, Keeper E, Brook RH. Benefits and cost of screening and treatment for early breast cancer: Development of a basic benefits package. JAMA 1995: 142-148.
- 32. Kleinman A, Eisenberg I, Good B. Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. Ann Intern Med 1978;88:251-8.
- 33. Laguerre MS. Haitian American Ethnicity and Medical Care edited by Harwood A. Harvard University Press, Cambridge, MA 1981.
- 34. Laguerre M. American odyssey: Haitians in New York City. Ithaca: Cornell University. 1984.
- 35. Laguerre M. Afro-Caribbean folk medicine. South Hadley, MA:Bergin & Garvey.
- 36. Lopez-Aqueres W, Kemp B, Staples F, Brummel-Smith K. Use of health care services by older Hispanics. J Am Geriatr Soc. 1984;32:435-440.
- 37. Mammography and clinical breast examination among women ages 50 years and older behavioral risk factors surveillance system. 1992. MMWR 1993;42:737-741.
- 38. Markides KS, Levin JS, Ray LA. Determinants of physician utilization among Mexican Americans: A three generation study. Med Care 1985;23:236-246.
- 39. Marks G, Garcia M, Solis J. Health risk behaviors of Hispanics in the United States: Findings from H-HANES. Am J Public Health. 1990;80:20-26.
- 40. Marks G, Solis J, Richardson Jl, Collins LM, Birba L, Hisserich J. Health behavior of elderly Hispanic women: does cultural assimilation make a difference? Am J Public Health. 1987;77:1315-1319.
- 41. Marwill SL, Freund KM, Barry P. Patient factors associated with breast cancer screening among older women. J Am Geri Soc 1996;44:1210-1214.
- 42. Mastroberti M, Stein JE. Barriers to Timely Mammography. HMO Practice 1996;10:104.
- 43. McCarthy EP, Burns RB, Coughin SS, Freund KK, Tice J, Marwill SL, Ash A, Schwartz M, Moskowitz MA. Mammography use helps to explain differences in breast cancer stage at diagnosis between older black and white women. Am College of Physicians. 1998
- 44. McCarthy EP, Burns RB, Freund KF, Shwartz M, Ash A, Marwill SL, Moskowitz MA. Prior mammography use: Does it explain black-white differences in stage at diagnosis. J Gen Intern Med. 1996;11

- 45. McPherson CP, Swenson KK, Jolitz G, Murray CL. Survival of women ages 40-49 years with breast carcinoma according to method of detection. Cancer. 1997;79:1923-1932.
- 46. Metraux, A. Voodoo in Haiti, London: Andre Deutsch 1959.
- 47. NCI and NIH consensus panel issue recommendations on mammography for women ages 40-49. American Family Physician. 1997;55:2536-9.
- 48. O'Malley AS, Mandelblatt J, Gold K, Cagney K, Kerner J. Continuity of Care and the Use of Breast Cervical Cancer Screening Services in a Multiethnic Community. Arch Intern Med. 1997;157:1462-1470.
- 49. O'Malley MS, Earp JAL, Harris RP. Race and mammography use in two North Carolina counties. Am J Public Health. 1997;87
- 50. Reeves MJ, Newcomb PA, Remington PL, Marcus PM. Determinants of breast cancer detection among Wisconsin (United States) women. Cancer Causes & Control. 1995;6:103-11.
- 51. Sabatier C, Tourigny M. Ecologie sociale de la famille immigrante haitienne. PRISWE. 1990;1.
- 52. Shapiro S, Strax P, Venet L. Periodic breast cancer screening: The first two years of screening. Arch Environ Health 1967;15:547-533.
- 53. Smiegel K. NCI's proposed breast cancer screening guidelines. J Natl Cancer Inst 1993;85:1626-1627.
- 54. Solin L, Legereta A, Schultz DH, Zata S, Goodman R. The importance of mammography screening relative to the treatment of women with carcinoma of the breast. Arch Intern Med 1994;154:745-756.
- 55. Solis JM, Marks G, Garcia M, Shelton D. Acculturation, access to care, and use of preventive services by Hispanics: findings from H-HANES. Am J Public Health 1990;80:11-19.
- 56. Stepick A, Sutton Stepick C. People in the Shadows: Survey Research among Haitians in Miami. Human Organization 49;64-77.
- 57. Suarez L. PAP Smear and mammogram screening in Mexican American women: The effects of acculturation. Am J Public Health. 1994;84:742-746.
- 58. Taber L, faberberg CJG, Gad A, et al. Reduction in mortality from breast cancer after mass screening with mammography: Randomized trial from the breast cancer screening working groups of the Swedish National Board of Health and Welfare. Lancet. 1985;i:829-832.

- 59. U.S. Public Health Service. Healthy People 2000. National Health Promotion and Disease Prevention objectives. 1991: Washington, DC: U.S. Governmental Printing Office.
- 60. Use of Mammography-United States, 1990. MMWR 1990;39:621-630.
- 61. Ventura S. Demographic and health characteristics of Puerto Rican mothers and their babies, 1990. In Lamberty G and Garcia Coll, C (eds.) Puerto Rican Women and Children: Issues in Health, Growth and development. 1994:Plenum Press. New York.
- 62. Woolf SH, Kamerow DB, Lawrence RS, Medalie JH, Estes EH. The periodic health examination of older adults: The recommendation of the U.S. Preventive Services Health Task Force. J Am Geriatr. Soc 1990;38:933-942.
- 63. Zapka JG, Atoddard Am, Costanza ME, Greene IL. Breast cancer screening by mammography: utilization and associated factors. Am J of Public Health 1989;79:1499-1502.

#### 10.0 APPENDICES

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- 6) Twelve Month no-cost extension request

# APPENDIX 1

## PROPERTY OF HAITIAN HEALTH INSTITUTE

	Subject ID#:	
Block ID:	<del></del>	
Address:		
Interviewer:	·	
Interview Date:	Time <sup>.</sup>	

**Haitian Breast Cancer Beliefs Study** 

Questionnaire

Year I

## **DISCLOSURE STATEMENT/CONSENT FORM**

Hello, my name is []. I am with the Boston Medical Center/Haitian Health Institute. We're talking with women in your neighborhood about their health care and some of their ideas and feelings about health issues, including breast cancer. We are doing this study to find information that will help us improve health care for women. We are talking with you, for as a woman, we know you are the best source of information on this topic.
The interview will take about 40 minutes. For participating, we will give you {\$10.00} to make up for your time and effort. Your participation is completely voluntary, and you do not have to answer any questions that you don't want to. Everything about you, for example, your name, address, and everything you will say will remain completely confidential, between you and me. Your answers will be put together with the answers of hundreds of other women, and nobody but me will ever know who gave the particular answers that you will give. Please feel free to talk freely, and ask me to repeat any questions you do not understand. You can feel free to ask me any questions, and I will write them down so that after the interview is finished I can answer them.
Is it okay if I continue with the interview now?
PLEASE CHECK:
[] Yes
[] No
I am going to ask you a series of questions. For most of these questions, you will be given a choice of answers. Please choose the answer you agree with the most for every question. Thank

you. Let's begin!

SECTION I: ETHNIC BACKGROUND	
Now I need to ask you a few questions about	Q 1-2 In what country did you live most of
yourself	the years while you were growing up
<b>Q 1-1</b> In what country were you born?	(childhood)?
Caribbean	Caribbean
Bahamas [] 01	Bahamas [] 01
Barbados [] 02	Barbados [] 02
Bermuda [] 03	Bermuda [] 03
Cuba [] 04	Cuba [] 04
Dominican Republic [] 05	Dominican Republic [] 05
Grenada [] 06	Grenada [] 06
Guadeloupe [] 07	Guadeloupe [] 07
Haiti [] 08	Haiti [] 08
Jamaica [] 09	Jamaica [] 09
Martinique [] 10	Martinique [] 10
Monserat [] 11	Monserat [] 11
Puerto Rico [] 12	Puerto Rico [] 12
Trinidad [] 13	Trinidad [] 13
U.S. Virgin Islands [] 14	U.S. Virgin Islands [] 14
Africa	Africa
Africa [] 15	Africa [] 15
Cape Verde [] 16	Cape Verde [] 16
Ghana [] 17	Ghana [] 17
Ivory Coast [] 18	Ivory Coast [] 18
Nigeria [] 19	Nigeria [] 19
Senegal [] 20	Senegal [] 20
North America	North America
United States [] 21 [GO TO 1-7]	United States [ ] 21
Mexico [] 22	Mexico [] 22
South America	South America
Brazil [] 23	Brazil [] 23
Colombia [] 24	Colombia [] 24
Costa Rica [] 25	Costa Rica [] 25
El Salvador [] 26	El Salvador [] 26
Guatemala [] 27	Guatemala [] 27
Honduras [] 28	Honduras [] 28
Europe	Europe
England [] 29	England [] 29
France [] 30	France [] 30
Ireland [] 31	Ireland [] 31
Other [] 32	Other [] 32
Specify	Specify
DON'T KNOW [] 98	DON'T KNOW [] 98
REFUSED [] 99	REFUSED [] 99

Q 1-3 In what year did you first come to the	Puerto Rico [] 12
U.S. (other thanPuerto Rico) to live?	Trinidad [] 13
	U.S. Virgin Islands [] 14
19 <b>[GO TO Q 1-5]</b>	Africa
DON'T KNOW [] 98	Africa [] 15
REFUSED [] 99	Cape Verde [ ] 16
	Ghana [] 17
Q 1-4 What is your best estimate of how	Ivory Coast [] 18
many years you have lived in the	Nigeria [] 19
Continental U.S.?	Senegal [] 20
# of Years	North America
	United States [] 21
DON'T KNOW [] 98	Mexico [] 22
REFUSED [] 99	<del></del>
04 80' 0 4 4 17 '4 1	South America
Q 1-5 Since you first came to the United	Brazil [] 23
States to live, have you ever returned to your	Colombia [] 24
original country to live for any period of	Costa Rica [] 25
time?	El Salvador [] 26
Yes [] 01	Guatemala [] 27
No [] $02 \rightarrow [GO TO 1-7]$	Honduras [] 28
DON'T KNOW [] 98	Europe
REFUSED [] 99	England [] 29
	France [] 30
Q 1-6 What is your best estimate of the total	Ireland [] 31
number of years you have spent living in the	Other [] 32
United States since you first came here to	Specify
live, not counting time you have spent living	DON'T KNOW [] 98
in your original country?	REFUSED [] 99
# of Years:	
DON'T KNOW [] 98	·
REFUSED [] 99	Q 1-8 In what country was your father born?
	Caribbean
Q 1-7 In what country was your mother	Bahamas [] 01
born?	Barbados [] 02
Caribbean	Bermuda [] 03
	Cuba [] 04
Bahamas [] 01	Dominican Republic [] 05
Barbados [] 02	Grenada [] 06
Bermuda [] 03	£ 3
Cuba [] 04	1 22
Dominican Republic [] 05	L J
Grenada [] 06	C 3
Guadeloupe [] 07	Martinique [] 10
Haiti [] 08	Monserat [] 11
Jamaica [] 09	Puerto Rico [] 12
Martinique [] 10	Trinidad [] 13
Monserat [] 11	U.S. Virgin Islands [] 14

Africa Africa [] 15 Cape Verde [] 16		Q 1-10 How do you of group? (READ RES) CATEGORIES) (Participant may ch	PONSE
Ghana [] 17			oose more than one
Ivory Coast [] 18		answer)	Γ1 Λ1
Nigeria [] 19		Haitian	[] 01
Senegal [] 20		Haitian American	[] 02
North America		African	[] 03
United States [] 21		African-American	[] 04
Mexico [] 22		Jamaican	[] 05
South America		Trinidadian	[] 06
Brazil [] 23		Grenadian	[] 07
Colombia [] 24		Cape Verdean	[] 08
Costa Rica [] 25		Hispanic or Latino	[] 09
El Salvador [] 26		Brazilian	[] 10
Guatemala [] 27		White, not Hispanic	[] 11
Honduras [] 28		Vietnamese	[] 12
Europe		Cambodian	[] 13
England [] 29		Chinese	[] 14
France [] 30		Italian	[] 15
Ireland [] 31		Native American	[] 16
Other [] 32		Jewish	[] 17
Specify		Irish	[] 18
DON'T KNOW	[] 98	Arab	[] 19
REFUSED	[] 99	Other	[] 20
Test Colle		Specify:	
Q 1-9 What was the fi	irst language that you	DON'T KNOW	[] 98
learned to speak when	<del>-</del> - ·	REFUSED	[] 99
up?	you were growing		
Haitian Creole	[] 01	<b>Q 1-11</b> How do you	define vour race?
French and Creole	[] 01	Would you say you'r	
at the same time	[] 02	RESPONSE CATE	•
English and Creole	[] 02	Black	[] 01
at the same time	[] 03	American Indian,	[] 02
French	[] 04	Eskimo, and Aleut	[] 02
English	[] 05	Asian and Pacific	[] ~=
Other language	[] 06	Islander	[] 03
Specify	[] 00	White	[] 04
DON'T KNOW	[] 98	Other Race	[] 05
REFUSED	[] 99	Specify	[] 00
KELOSED	[] 77	DON'T KNOW	[] 98
		REFUSED	[] 99
		KELUSED	[] 77

origin, or the cidentify with?  Caribbean	t or mo country	st in	nport	tant country of
Bahamas	[] 01			
Barbados	[] 02			
Bermuda	[] 03			
Cuba	[] 04			
Dominican Re		[]	05	
Grenada	[] 06			
Guadeloupe	[] 07			
Haiti	[] 08			
Jamaica	[] 09			
Martinique	[] 10			
Monserat	[] 11			
Puerto Rico	[] 12			
Trinidad	[] 13			
U.S. Virgin Is	lands	[]	14	
Africa				
Africa	[] 15			
Cape Verde	[] 16			
Ghana	[] 17			
Ivory Coast	[] 18			
Nigeria	[] 19			
Senegal	[] 20			
North Americ				
United States	[] 21			
Mexico	[] 22			
Q 1-12 cont.				
South Americ				
Brazil	[] 23			
Colombia	[] 24			
Costa Rica	[] 25			
El Salvador	[] 26			
Guatemala	[] 27			
Honduras	[] 28			
Europe	F 7 00			
England	[] 29			
France	[] 30			
Ireland	[] 31			
Other	[] 32			
Specify	117	Г٦	0.0	
DON'T KNO	VV	[]	98 99	
REFUSED		[]	フブ	

## SECTION II: HEALTH STATUS AND BREAST AND CERVICAL CANCER HISTORY

Now I'm going to ask you some questions		<b>Q 2-4</b> How did you	first hear of breast
about your health and	d the health care you	cancer? [READ RE	CSPONSE
get.		<b>CATEGORIES</b> ]	
		Radio program	[] 01
Q 2-1 Compared to o	ther women your age,	Television program	[] 02
would you say your h		In Church	[] 03
RESPONSE CATE		In School	[] 04
Excellent	[] 01	Community Center	[] 05
Very good	[ ] 02	Family member	[] 06
Good	[] 03	Friend	[] 07
Fair	[] 04	Doctor/nurse	[] 08
Poor	[] 05	Home health educate	or[] 09
DON'T KNOW	[] 98	Other	[] 10
REFUSED	[]99	Specify	
		DON'T KNOW	[] 98
Q 2-2 Have you ever	heard of breast	REFUSED	[] 99
cancer?			
Yes [] 01		Q 2-5 Have you ever	r been diagnosed with
No [] 02	[SKIP Q 2-14]	breast cancer?	
DON'T KNOW	[] 98	Yes [] 0	
REFUSED	[] 99		2 [GO TO Q 2-8]
		DON'T KNOW [	] 98 <b>[GO TO Q 2-8]</b>
Q 2-3 What sympton	ns do you think people	REFUSED [	] 99 <b>[GO TO Q 2-8]</b>
	ve? [SUBJECT MAY		
CHOOSE MORE T	HAN ONE CHOICE]	Q 2-6 About how lo	ong ago did you learn of
Pain in the breast	[] 01	your diagnosis? [RE	AD RESPONSE
Breast changes color	[] 02	<b>CATEGORIES</b> ]	
Breast has lump(s)	[] 03	Less than 6 months	
Breast gets bigger	[] 04	6 months to 1 year a	
Breast gets smaller	[] 05	Number of years	
Breast discharge	[] 06	DON'T KNOW	[] 98
None	[] 07	REFUSED	[] 99
Other	[] 08		
Specify			eived any treatment or
DON'T KNOW	[] 98		liagnosed with breast
REFUSED	[] 99	cancer?	
		Yes	[] 01
		No	[] 02
		DON'T KNOW	[] 98
		REFUSED	[] 99

Q 2-8 Has your mother ever been	Q 2-14 Have you ever heard of cervical		
diagnosed with breast cancer?	cancer?		
Yes [] 01	Yes [] 01		
No [ ] 02 [SKIP TO Q 2-10]	No [ ] 02 [SKIP Q 2-25]		
DON'T KNOW [ ] 98 [SKIP TO Q 2-10]	DON'T KNOW [] 98		
REFUSED [ ] 99 [SKIP TO Q 2-10]	REFUSED [] 99		
Q 2-9 About how long ago did you learn	Q 2-15 How did you first hear of cervical		
that your mother has breast cancer?	cancer? [READ RESPONSE		
Less than one year ago [] 01	CATEGORIES]		
# of Years	Radio program [ ] 01		
DON'T KNOW [] 98	Television program [] 02		
REFUSED [] 99	In Church [ ] 03		
	In School [] 04		
Q 2-10 Have you ever had a sister diagnosed	Community Center [] 05		
with breast cancer?	Family member [] 06		
Yes [] 01	Friend [] 07		
No [] 02 [SKIP TO Q 2-12]	Doctor/nurse [] 08		
DON'T KNOW [ ] 98 [SKIP TO Q 2-12]	Home health educator [] 09		
REFUSED [ ] 99 [SKIP TO Q 2-12]	Other [] 10		
<del></del>	Specify		
Q 2-11 About how long ago did you first	DON'T KNOW [] 98		
learn that one of your sisters has breast	REFUSED [] 99		
cancer?			
Less than 1 year ago [] 01	Q 2-16 Have you ever been diagnosed with		
# of Years	cervical cancer?		
DON'T KNOW [] 98	Yes [] 01		
REFUSED [] 99	No [ ] 02 <b>[GO TO Q 2-19</b> ]		
Q 2-12 Has any other relative of yours, close	DON'T KNOW [] 98 [GO TO Q 2-19]		
friend or an acquaintance ever been	REFUSED [ ] 99 [GO TO Q 2-19]		
diagnosed with breast cancer?			
Yes [] 01	Q 2-17 About how long ago did you learn of		
No [ ] 02 [SKIP TO Q 2-14]	your diagnosis? [READ RESPONSE		
DON'T KNOW [ ] 98 [SKIP TO Q 2-14]	CATEGORIES]		
REFUSED [ ] 99 [SKIP TO Q 2-14]	Less than 6 months ago [] 01		
	6 months to 1 year ago [] 02		
Q 2-13 About how long ago did you first	Number of years [] 03		
learn that another relative or friend has	DON'T KNOW [] 98		
breast cancer?	REFUSED [] 99		
Less than 1 year ago [] 01			
# of Years			
DON'T KNOW [] 98			
REFUSED [] 99			

Q 2-18 Have you received any treatment or	cervical cancer?		
surgery after being diagnosed with cervical	Less than 1 year ago [] 01		
cancer?	# of Years		
Yes [] 01	DON'T KNOW [] 98		
No [] 02	REFUSED [] 99		
DON'T KNOW [] 98			
REFUSED [] 99	Q 2-25 Is there one place that you usually go		
Tel Collo	to for medical care if you are sick or have a		
Q 2-19 Has your mother ever been	health problem?		
diagnosed with cervical cancer?	Yes [] 01 [GO TO Q 2-28]		
Yes [] 01	No [] 02 [GO TO Q 2-26]		
No [] 02 [SKIP TO Q 2-21]	There is more		
	than 1 [] 03 [GO TO Q 2-27]		
DON'T KNOW [ ] 98 [SKIP TO Q 2-21]	DON'T KNOW [] 98 [GO TO Q 2-27]		
REFUSED [ ] 99 [SKIP TO Q 21]	REFUSED [] 99 [GO TO Q 2-27]		
0.2.20 41 41 41 41 41 41 41 41 41 41 41 41 41	[] 99 [GO TO Q 2-27]		
Q 2-20 About how long ago did you learn	O 2 26 Which of thego is the MAIN reason		
that your mother has cervical cancer?	Q 2-26 Which of these is the MAIN reason		
Less than one year ago [] 01	you do not have a particular place or person		
# of Years	you usually go to? [READ RESPONSE		
DON'T KNOW [] 98	CATEGORIES]		
REFUSED [] 99	You have two or more usual		
	doctors or places [] 01		
Q 2-21 Have you ever had a sister diagnosed	You haven't had/don't have		
with cervical cancer?	a doctor [] 02 [GO TO Q 2-45]		
Yes [] 01	Your previous doctor is no longer		
No [] 02 [SKIP TO Q 2-23]	available [] 03 [GO TO Q 2-45]		
DON'T KNOW [ ] 98 <b>[SKIP TO Q 2-23</b> ]	No care is available 04 [GO TO Q 2-45]		
REFUSED [ ] 99 [SKIP TO Q 2-23]	Care is too far away [ ] 05 [GO TO Q 2-45]		
Q 2-22 About how long ago did you first	Haven't been able to find the right		
learn that one of your sisters has cervical	doctor [] 06 [GO TO Q 2-45]		
cancer?	Can't afford it [] 07 [GO TO Q 2-45]		
Less than 1 year ago [] 01	Never sick/don't need to see a		
# of Years	doctor [] 08 [GO TO Q 2-45]		
DON'T KNOW [] 98	I don't have a place		
REFUSED [] 99	to go [] 09 [GO TO Q 2-45]		
	Other reason [] 10 [GO TO Q 2-45]		
Q 2-23 Has any other relative of yours, close	Specify:		
friend or an acquaintance ever been	DON'T KNOW [] 98 [GO TO Q 2-45]		
diagnosed with cervical cancer?	REFUSED [ ] 99 [GO TO Q 2-45]		
Yes [] 01			
No [ ] 02 [SKIP TO Q 2-25]	Q 2-27 Is there one of those places you go		
DON'T KNOW [ ] 98 <b>[SKIP TO Q 2-25</b> ]	to MOST OFTEN when you are sick?		
REFUSED [ ] 99 [SKIP TO Q 2-25]	Yes [] 01		
	No [] 02		
Q 2-24 About how long ago did you first	DON'T KNOW [] 98		
learn that another relative or friend has	REFUSED [] 99		

Q 2-28 What type of place is it? [READ	DON'T KNOW REFUSED	[]98
RESPONSE CATEGORIES]	REFUSED	[] 99
Private doctor's office [] 01	O 2 22 When was the last ti	ma way want ta
Hospital Emergency Dept. [] 02	Q 2-33 When was the last ti	
Urgent Care [] 03	(this place)? [PROBE FOR	
Hospital outpatient clinic [] 04	Less than 6 months ago	[] 01
Community health center/	More than 6 months but	[] 02
Public health clinic [] 05	less than 1 year ago	[] 02
HMO or private clinic [] 06	1 - 3 years ago	[] 03
Non-allopathic provider(e.g., botanica,	More than 3 years ago	[] 04
faith healer, acupuncturist,	DON'T KNOW	[] 98
herbalist, etc.) [] 07	REFUSED	[] 99
Other [] 08		1. 1 1
Specify:	Q 2-34 When you go for m	
DON'T KNOW [] 98	-	AD RESPONSE
REFUSED [] 99	CATEGORIES]	
	A Nurse [] 01	
Q 2-29 About how long does it usually take	A Doctor [ ] 02	
you to travel to this (place in Q 2-28)?	Both [] 03	
[PROBE FOR APPROX.]	Other [] 04	
minutes	Specify	
DON'T KNOW [] 98	DON'T KNOW [] 98	
REFUSED [] 99	REFUSED [] 99	)
Q 2-30 Once you get to this (place in Q 2-28) about how long do you usually have to wait before you get medical care? [PROBE FOR APPROX.] minutes DON'T KNOW [] 98 REFUSED [] 99  Q 2-31 Is there a particular doctor you usually see at this (place in Q 2-28)? Yes [] 01 No [] 02 →[GO TO Q 2-33]	[FOR RESPONDENTS W LANGUAGE IS NOT ENC CONTINUE WITH 2-35; RESPONDENTS WHOSE LANGUAGE IS ENGLISH QUESTIONS 2-35 to 2-41; Q 1-9 FOR RESPONDENT LANGUAGE]  You told me that the first language	GLISH, FOR FIRST H, SKIP REFER TO TS' FIRST
DON'T KNOW [] 98→[GO TO Q 2-33] REFUSED [] 99→[GO TO Q 2-33]	learned to speak was (languright?	
Q 2-32 For how long have you been seeing this person?  Less than 6 months ago [] 01  More than 6 months but less than 1 year ago [] 02  1 - 3 years ago [] 03  More than 3 years ago [] 04	Q 2-35 And are there people 2-28) who speak (language) Yes [] 01 No [] 02 [GO 7 DON'T KNOW [] 98 [GO 7 REFUSED [] 99 [GO 7	? FO Q 2-40] O TO Q 2-40]

speak (language) [l CATEGORIES] Well	ceptionists/clerical staff READ RESPONSE  [ ] 01	Not very important Not at all important DON'T KNOW REFUSED	[] 03 [] 04 [] 98 [] 99
A little	[] 02		
Not at all	[] 03	<b>Q 2-41</b> How importa	nt is it to you that other
No receptionist	[] 04	people in that office or clinic speak	
DON'T KNOW	[] 98	(language): [READ ]	
REFUSED	[] 99	CATEGORIES]	
REPUBLID	[] 22	Very important	[] 01
0.0.05 D 41 '	4(-) 1- (41		
-	terpreter(s) speak (the	Somewhat important	
language)? [READ	RESPONSE	Not very important	
<b>CATEGORIES</b> ]		Not at all important	
Well	[] 01	DON'T KNOW	[] 98
A little	[] 02	REFUSED	[] 99
Not at All	[] 03		
No interpreter	[] 04	Now I will ask you so	ome questions about
DON'T KNOW	[] 98	your Doctor. This is	
		MD (Medical Doctor	
REFUSE	[] 99	MD (Medical Doctor	) uegree.
Q 2-38 Does the doctor(s) speak (the language) [READ RESPONSE		Q 2-42 Is your Doctor [READ RESPONSE CATEGORIES]	
<b>CATEGORIES</b> ]		(Ethnicity)	[] 01
Well	[] 01	Non-(ethnicity)	[] 02
A little	[] 02	DON'T KNOW	[] 98
Not at all	[] 03	REFUSED	[] 99
No doctor	[] 04		
DON'T KNOW	[] 98		
REFUSED	[] 99	O 2-43 Is your Docto	or [READ RESPONSE
TEL COLD	[]	CATEGORIES]	
<b>Q 2-39</b> Do(es) the	nurse(s) speak (the	Female	[] 01
	D RESPONSE	Male	[] 02
0 0 , 1	D RESTONSE	DON'T KNOW	[] 98
CATEGORIES]	F 7 . 0.1		
Well	[] 01	REFUSED	[]99
A little	[] 02		
Not at all	[] 03	Q 2-44 How satisfie	
No Nurse	[] 04	service you got the L	AST time you went for
DON'T KNOW	[] 98	medical care? Were y	you [READ
REFUSED	[ ] 99	RESPONSE CATE	
100	[]	Very satisfied	[] 01
O 2 40 How important is it to you that your		Somewhat satisfied	[] 02
Q 2-40 How important is it to you that your		Somewhat dissatisfie	L
health care provider speaks (respondent's 1 <sup>st</sup>			[] 04
language): [READ RESPONSE		Very dissatisfied	
CATEGORIES]	57.04	DON'T KNOW	[] 98
Very important	[] 01	REFUSED	[] 99
Somewhat important	nt [] 02		

Q 2-45 How often do you go to a doctor or a clinic for regular checkups, even if you don't feel sick or don't have a particular problem or question about your health? Is it: [READ RESPONSE CATEGORIES]

More than once a year	[]	01
Once a year	[]	02
Once every 2 years	[]	03
Less than once every 2 years	[]	04
Never, you only go for medical care	if y	ou
feel sick or have a health problem	[]	05
DON'T KNOW	[]	98
REFUSED	[]	99

### SECTION III: <u>ALTERNATIVE HEALING PRACTICES</u>

Many people take care of some kinds of medical problems at home, or use folk remedies. We would like to know about some of the other ways you might have of dealing with health problems.	Q 3-4 What did you take? [RECORD EXACT RESPONSE]
Q 3-1 Do you use some teas, herbs or folk	
remedies?	
Yes [] 01	
No [] 02 [GO TO Q 3-8]	
DON'T KNOW [] 98 [GO TO Q 3-6]	
REFUSED [] 99 [GO TO Q 3-6]	O 2 5 Have did you know what kind of teas
3-2 When was the last time you used [tea, herbs, home remedies]? [PROBE FOR APPROX. TIME]	Q 3-5 How did you know what kind of teas, herb or folk remedies to take? [READ RESPONSE CATEGORIES: CHOOSE THE BEST ANSWER]
Less than 1 month ago [] 01	<ul> <li>One of my family members</li> </ul>
more than 1 month ago, but	knows about remedies [] 01
less than 3 months ago [] 02	• My neighbor told me [] 02
more than 3 months ago, but	• I know about remedies [] 03
less than 6 months ago [] 03	A friend knows about
more than 6 months ago, but	remedies [] 04
less than 1 year ago. [] 04	• I read it in a book [] 05
More than 1 year ago [] 05	I was advised at a
Never [] 06	health Store [] 06
DON'T KNOW [] 98	I heard about it on
REFUSED [] 99	the radio [] 07
	I heard other people talk
Q 3-3 What was the reason/problem?	about it [] 08
[RECORD EXACT RESPONSE]	• Other [] 09
	Specify:
	DON'T KNOW []98
	REFUSED []99
	- REFUSED []39
	Q 3-6 To maintain overall good health, even
	when feeling well, do you prefer to use:
	Western supplements (ex. Vitamins) [] 01
	Teas, herbs, or home remedies [] 02
	Both [] 03
	Neither [] 04
	DON'T KNOW [] 98
	REFUSED [199

Q3-7 If you use Alto Practices, do you tel Doctors?	l Western Medi			REFUSED [IF CHECKED CI TO Q 3-12]	HOICE 3 IN Q	[]99 <b>3-8, GO</b>
Yes No, because afraid of Doctor's disapprova No, because never thought to tell them Other Specify:  DON'T KNOW				No [] 00 DON'T KNOW [	western medicing western medicing [GO TO Q3-1] [GO TO Q3-1]	ne? 2] 2] 3-12]
DON'T KNOW REFUSED	[]99			Q 3-11 If western n		orking,
I am now going to p examples of different conditions, and I we you would use Weste Alternative Healing neither to treat these healing practices in shaman/hougan/man midwife, masseuse, healing service.  Q 3-8 You are walk to have severe chest shortness of breath, and vomiting. You life threatening hear Alternative Healing	resent you with t types of medic puld like to know ern Medicine, Practices, both, e conditions. Al clude teas, herb mbo, acupunctu and Christian fo pain, associated sweatiness, and think you might	whether  or  dernative  s,  rist,  aith  bu begin  d with  nausea  t have a		do you try alternative Yes No DON'T KNOW REFUSED  Q 3-12 You wake a cough, nasal congest muscle aches. Do you wake a cough, nasal conge	ve medicine? []01 []02 []98 []99  up one morning vestion, sore throat you use:	vith , and Q 3-15] Q 3-16] Q 3-16]
Practices first	[]01				-	
Western Medicine first Both at the same time Neither DON'T KNOW REFUSED	[] 02 <b>[GO TO</b> [] 03 [] 04 <b>[GO TO</b> [] 98 <b>[GO TO</b> [] 99 <b>[GO TO</b>	Q 3-12] Q 3-12]		Q 3-13 Which alter try? Teas, herbs or other A Shaman/Hougan/ Acupuncturist Midwife Masseuse Christian Faith Hea	r home remedies /Mambo	[]01 []02 []03 []04 []05 []06
Q 3-9 Which alternative? Teas, herbs or other A Shaman/Hougan/	home remedies			Other Specify: DON'T KNOW REFUSED		[]07 []98 []99
Acupuncturist Midwife Masseuse Christian Faith Heal Other Specify: DON'T KNOW	ling Service	[] 03 [] 04 [] 05 [] 06 [] 07	<b>3</b> 8	[IF CHECKED CI GO TO Q 3-16]	HOICE 3 IN Q	3-12,

	y western medicin 1 <b>[GO TO Q3-1</b>	ne? <b>6]</b>		02 [GO TO Q3-20] [ ] 98 [GO TO Q 3-20] [ ] 99 [GO TO Q 3-20]
No [] 0	2 [GO TO Q3-1	6] N3 16]	O 3_10 If western	medicine is not working,
DON'T KNOW [ REFUSED [	] 98 [GO TO Q [] 99 [GO TO Q		do you try alternat	
KEPUSED [		2 2 101	Yes	[]01
Q 3-15 If western r	nedicine is not w	orking,	No	[]02
do you try alternati			DON'T KNOW	[]98
	] 01		REFUSED	[]99
-	[]02			. 1 .1
-	] 98			ast several months you
REFUSED [	] 99			weight, had decreased have been feeling short of
O 2 16 Voy syffor	from poin in both	n knees	breath Vou think	you might have cancer.
Q 3-16 You suffer: It has gradually got			Do you use:	you might have cameer.
years. Now you are			Alternative Healin	ıg
discomfort, and fine			Practices first	[]01
around. Do you us			Western Medicine	
Alternative Healing			first	[ ] 02 [GO TO Q 3-23]
Practices first	[]01		Both at the	
Western Medicine			same time	[]03
first	[] 02 <b>[GO TO</b>	Q 3-19]	Neither	[] 04 [GO TO Q 3-24]
Both at the	57.00		DON'T KNOW	
same time	[] 03	0.2.201	REFUSED	[] 99 [GO TO Q 3-24]
Neither	[] 04 [GO TO		O 3-21 Which alte	ernative medicine do you
DON'T KNOW REFUSED	[] 98 [GO TO [] 99 [GO TO		try?	mative medicine do you
KEFUSED	[] 99 [GO TO	Q 3-20j	Teas, herbs or other	er home remedies [] 01
Q 3-17 Which alter	native medicine	do you	A Shaman/Hougar	
try?		•	Acupuncturist	[]03
Teas, herbs or other	r home remedies	[]01	Midwife	[]04
A Shaman/Hougan	/Mambo	[]02	Masseuse	[]05
Acupuncturist		[]03	Christian Faith He	
Midwife		[]04	Other	[]07
Masseuse	1. G	[]05	Specify: DON'T KNOW	[]98
Christian Faith Hea	lling Service	[]06 []07	REFUSED	[]99
Chiropractor Other		[]08	KEPOSED	[],,
Specify:		[]00		
DON'T KNOW		[]98		
REFUSED		[] 99	[IF CHECKED (	CHOICE 3 IN Q 3-20,
			GO TO Q 3-24]	
[IF CHECKED C	HOICE 3 IN Q	3-16,		ve medicine is not
GO TO Q 3-20]			Yes []	ry western medicine? 01 [GO TO Q3-24]
Q 3-18 If alternative				02 [GO TO Q3-24]
working, do you try				[] 98 [GO TO Q 3-24]
Yes []0	1[GO TO Q3-20	<b>0</b> ] 39	REFUSED []	99 [GO TO Q 3-24]

	medicine is not working,	Q 3-25 Which alternative medicing	ne do you
do you try alterna		try?	F 7 A 1
Yes	[]01	Teas, herbs or other home remedie	
No	[]02	A Shaman/Hougan/Mambo	[]02
DON'T KNOW	[]98	Acupuncturist	[]03
REFUSED	[]99	Midwife	[]04
		Masseuse	[]05
Q 3-24 You feel s	sad and lack of energy. All	Christian faith Healing Service	[]06
	lie around and do nothing.	Other	[]07
•	make you happy. This	Specify:	
_	worsens. Do you use:	DON'T KNOW	[]98
Alternative Heali	-	REFUSED	[]99
Practices first	[]01		
Western Medicin	e	[IF CHECKED CHOICE 3 IN (	2 3-24,
first	[ ] 02 <b>[GO TO Q 3-27]</b>	GO TO Q 3-28]	
Both at the			
same time	[]03	Q 3-26 If alternative medicine is n	ot
Neither	[ ] 04 [GO TO Q 3-28]	working, do you try western medic	cine?
	[ ] 98 [ <b>GO TO Q 3-28</b> ]	Yes [ ] 01 [ <b>GO TO Q3</b> -	28]
REFUSED	[ ] 99 [ <b>GO TO Q 3-28</b> ]	No [ ] 02 <b>[GO TO Q3</b> -	28]
		DON'T KNOW [] 98 [GO TO	Q 3-28]
		REFUSED [] 99 [GO TO Q 3	-28]
		Q 3-27 If western medicine is not	working
		do you try alternative medicine?	_
		Yes [] 01	
		No [] 02	
		DON'T KNOW [] 98	
		REFUSED []99	
		LJ	

In the next few questions, I am going to ask you to compare Western Medicine and Alternative Medicine. If you think there is no difference between the two or you don't know please indicate this to me as well.

	Western Medicine	Alternative Healing Practices	No Difference	Don't Know	REFUSED
Q 3-28 Does it cost you more to use Western Medicine or Alternative Healing Practices?	01	02	03	98	99
Q 3-29 Which is more convenient for you to use?	01	02	03	98	99
Q 3-30 Which do you feel more familiar with?	01	02	03	98	99
Q 3-31 In which do you have more confidence?	01	02	03	98	99
Q 3-32 Which method is more often recommended by family members?	01	02	03	98	99
Q 3-33 Which do you use more often?	01	02	03	98	99

### SECTION IV: BREAST CANCER SCREENING

Now I'm going to ask you about some medical tests and examinations for women.

### Q 4-1 Have you ever heard of a mammogram?

Yes	[] 01
No	[] 02
DON'T KNOW	[] 98
REFUSED	[] 99

(As you may know) a mammogram is an X-ray taken of the breasts by a machine that presses the breasts flat in order to make a better image. It is not a chest X-ray like you would have for pneumonia. This X-ray takes a picture of the breast to check for breast cancer.

Now I'm going to read some statements. Imagine that you are saying these statements yourself, then tell me if you agree or disagree with each of them. [READ EACH STATEMENT AND CIRCLE NUMBER FOR RESPONSE.]

### [CIRCLE NUMBER FOR RESPONSE.]

	Agree	Disagree	DON'T KNOW	REFUSE
Q 4-2 Since I do breast self- examinations, I don't need a mammogram.	01	02	98	99
Q-4-3 Mammograms are very painful.	01	02	98	99
Q 4-4 Mammograms expose you to too much radiation.	01	02	98	99
<b>Q</b> 4-5 Having a mammogram is an embarrassing experience.	01	02	98	99
Q 4-6 I'm afraid of what a mammogram might find.	01	02	98	99
<b>Q</b> 4-7 Having to get a mammogram means I'm old.	01	02	98	99
<b>Q 4-8</b> You only need a mammogram if you have symptoms.	01	02	98	99
Q 4-9 You only need a mammogram if a family member had breast cancer.	01	02	98	99
Q 4-10 I'm afraid to find out if I need surgery.	01	02	98	99

Q 4-11 Have you ever had a mammogram?	
Yes [] 01	Q 4-17 Did you have a clinic appointment as
No [] 02 [GO TO Q 4-32]	a result of an abnormal mammogram?
DON'T KNOW [ ] 98 [GO TO Q 4-32]	Yes [] 01
REFUSED [] 99 [GO TO Q 4-32]	No [] 02 [GO TO Q 4-21]
[] 35 [do 10 Q 4 32]	DON'T KNOW [] 98 [GO TO Q 4-21]
Q4-12 What is the best estimate of your age	REFUSED [] 99 [GO TO Q 4-21]
when you received your <u>first</u> mammogram?	
Years old	Q 4-18 How long did you have to wait to
	schedule that appointment?
DON'T KNOW [] 98	Less than 1 months [ ] 01
REFUSED []99	<del></del>
	1-3 months ago [] 02
Q 4-13 How many mammograms have you	More than 3 months
had in your lifetime?	but less than 6 months [] 03
# [GO TO 4-15]	More than 6 months [] 04
DON'T KNOW/NOT SURE [] 98	DON'T KNOW [] 98 [GO TO Q 4-21]
REFUSED [] 99	REFUSED [] 99 [GO TO Q 4-21]
O 4 14 (IE DONET ENOUNIOT CLIDE)	Q 4-19 Did you keep that appointment?
Q 4-14 (IF DON'T KNOW/NOT SURE)	Voc. [101] [CO TO 0.4-21]
Well, are you sure whether you have had	Yes [] 01 [GO TO Q 4-21]
more than one? Have you had just one, or	No [] 02
more than one?	DON'T KNOW [] 98 [GO TO Q 4-21]
Just one [] 01	REFUSED [] 99 [GO TO Q 4-21]
More than one [] 02	0.4.00.70 1.4 4.1 11.1
DON'T KNOW/not sure [] 98	Q 4-20 If no, what was the reason you did
REFUSED [] 99	not keep the appointment?
	<ul> <li>Lack of transportation[] 01</li> </ul>
And what is your <u>best estimate</u> of the total	<ul> <li>Has been rescheduled [] 02</li> </ul>
number you have had in your lifetime?	<ul> <li>Did not have time</li> </ul>
#	(too busy with work) [] 03
DON'T KNOW [] 98	• Cost too much [] 04
REFUSED [] 99	Wanted to keep the result
	confidential [] 05
Q 4-15 Were you ever contacted by a	Afraid of discussing the
doctor, nurse or other health care worker	result [] 06
because of an abnormal result in your	• Other []07
mammogram exam?	Specify:
Yes [] 01	DON'T KNOW []98
No [] 02 [GO TO 4-21]	REFUSED []99
DON'T KNOW [ ] 98 [GO TO 4-21]	KEFOSED []77
REFUSED [] 99 [GO TO 4-21]	Q 4-21 When did you have your last
	•
Q 4-16 How long ago was this? [READ	mammogram? [READ RESPONSE
RESPONSE CATEGORIES]	CATEGORIES]
Less than 1 year ago [] 01	1 year ago or less [] 01
1-3 years ago [] 02	Between 1 to
More than 3 years ago [ ] 03	2 years ago [] 02
NEVER [] 04	Between 2 to
DON'T KNOW [] 98	3 years ago [] 03 [SKIP Q 4-32]
REFUSED [] 99	More than 3
KELORED [] ))	

years ago [] 04 [SKIP Q 4-32]  NEVER [] 05 [GO TO Q 4-32]  DON'T KNOW  /NOT SURE [] 98 [GO TO Q 4-32]  REFUSED [] 99 [GO TO Q 4-32]  Q 4-22 What was the reason you had this last mammogram? [READ RESPONSE]	Q 4-24 Where was this mammogram done- in a doctor's office, a clinic or health center, a hospital, an X-ray radiology lab, a mobile van, or some other place?  Doctor's office [] 01  Clinic/health center [] 02  Hospital [] 03  Radiology lab [] 04
CATEGORIES]	Mobile van [] 05
Because of a specific	Other [] 06
breast problem [] 01 [GO TO Q 4-24]	Specify:
Follow-up to a previous	DON'T KNOW [] 98
breast problem [] 02 [GO TO Q 4-24]	REFUSED [] 99
Part of a routine physical exam	
or check-up [ ] 03 [GO TO Q 4-24]	Q 4-25 Thinking back to the last
Doctor's advice [] 04	mammogram that you had, was it physically
Nurse or other health care	painful? Was it [READ RESPONSE
provider's advice [] 05	CATEGORIES]
I asked for it myself as	Very painful [] 01
a precaution [] 06 [GO TO Q 4-24]	Somewhat painful [] 02 A little painful [] 03
Other [] 07 [GO TO Q 4-24]	A little painful [] 03  Not painful but
Specify	uncomfortable [] 04
REFUSED [] 99 [GO TO Q 4-24]	Not at all painful or
	-
	uncomfortable [] 05 DON'T KNOW [] 98
[IF CHECK CHOICE 4 OR 5, GO TO Q	uncomfortable [] 05
[IF CHECK CHOICE 4 OR 5, GO TO Q 4-23 ALL OTHER ANSWERS, GO TO	uncomfortable [] 05 DON'T KNOW [] 98
[IF CHECK CHOICE 4 OR 5, GO TO Q	uncomfortable [] 05 DON'T KNOW [] 98
[IF CHECK CHOICE 4 OR 5, GO TO Q 4-23 ALL OTHER ANSWERS, GO TO	uncomfortable [] 05 DON'T KNOW [] 98
[IF CHECK CHOICE 4 OR 5, GO TO Q 4-23 ALL OTHER ANSWERS, GO TO 4-24]  Q 4-23 Do you know why the doctor advised you to have this mammogram? Was it because the doctor/other health care provider was concerned about a specific problem or something?  S/he found when examining me [] 01  It was part of a regular checkup or because all women my age should get regular mammograms [] 02  I have a relative who has had breast cancer [] 03  Some other reason [] 04  Specify	uncomfortable [] 05 DON'T KNOW [] 98

And how did you feel about the experience of having a mammogram? I'm going to read some statements. Imagine that you are saying these statements yourself, then tell me if you agree or disagree with each of them. [READ EACH STATEMENT AND CIRCLE NUMBER FOR

RESPONSE.1

RESPONSE.	Agree	Disagree	DON'T KNOW	REFUSED
Q 4-26 I felt anxious while I was in the waiting room before I had my mammogram.	01	02	98	99
Q 4-27 The person who did my mammogram was helpful and made me feel at ease.	01	02	98	99
Q 4-28 There was someone in the office to answer my questions or help me understand what was happening.	01	02	98	99
Q 4-29 I felt anxious while I was waiting to hear the results of my mammogram.	01	02	98	99
Q 4-30 I will have a repeat mammogram.	01	02	98	99
Q 4-31 Having a mammogram was reassuring for me.	01	02	98	99

## [IF CHECKED CHOICE 1, 2 IN Q 4-21; SKIP Q 4-32]

4-32 What is the most important reason why you have (never had a mammogram/not had a mammogram in the past few years?)

[] 04

- Never thought about it /didn't know I should [] 01
- Not needed/haven't had any problems [] 02
- Put it off/laziness [] 03Costs too much/
- no insurance
- Doctor didn't recommend it [] 05
- Don't go to/don't like Doctors
- like Doctors [] 06Not old enough [] 07
- Not old enough [] 07
  Fear of radiation [] 08
- Fear (other

or unspecified)	[] 09
<ul> <li>No time/inconvenient</li> </ul>	[] 10
• Not comfortable with it	
/embarrassment	[] 11
<ul> <li>Never heard of it</li> </ul>	[] 12
No particular reason	[] 13
• Other	[] 14
Specify	
DON'T KNOW [] 98	
REFUSED [] 99	

**Q 4-33** In your opinion, at what age is it recommended that a woman should start having mammograms?

Years old	
When she starts having periods	[] 01
When she starts having children	[] 02
When she has a problem	[] 03
When she starts having sex	[] 04
When she had her menopause	[] 05
Other	[] 06
Specify:	
DON'T KNOW	[] 98
REFUSED	[] 99

Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-35 And in the past two years, has a health care provider discussed mammograms with you? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-37 In the past two years, have you ever learned about mammography from a workshop or presentation that wasn't connected with a doctor's office or a health center? For example, a presentation at a neighborhood center, senior citizen center, a church, or in someone's home? Yes [] 01 No [] 02 [GO TO 4-39] DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  REFUSED [] 99 REFUSED []	<b>Q 4-34</b> In the past two years, have you had your breasts physically examined by a doctor, that is did a doctor feel your breasts for lumps or other problems?		Q 4-39 Do you know how to examine your own breasts for lumps?  Yes [] 01  No [] 02 [GO TO SECTION V]		
No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-35 And in the past two years, has a health care provider discussed mammograms with you? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-37 In the past two years, have you ever learned about mammography from a workshop or presentation that wasn't connected with a doctor's office or a health center? For example, a presentation at a neighborhood center, senior citizen center, a church, or in someone's home? Yes [] 01 No [] 02 [GO TO 4-39] DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 [GO TO 4-39] DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99					
DON'T KNOW [] 98 REFUSED [] 99  Q 4-35 And in the past two years, has a health care provider discussed mammograms with you? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-37 In the past two years, have you ever learned about mammography from a workshop or presentation that wasn't connected with a doctor's office or a health center? For example, a presentation at a neighborhood center, senior citizen center, a church, or in someone's home? Yes [] 01 No [] 02 [GO TO 4-39] DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99		L 4	TELL OPER [] 33 [GG 10	SECTION ()	
REFUSED [] 99  Q 4-35 And in the past two years, has a health care provider discussed mammograms with you? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-37 In the past two years, have you ever learned about mammography from a workshop or presentation that wasn't connected with a doctor's office or a health care; Provider recommended that you have a neighborhood center, senior citizen center, a church, or in someone's home? Yes [] 01 No [] 02 [GO TO 4-39] DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98		L -			
Q 4-35 And in the past two years, has a health care provider discussed mammograms with you?  Yes [] 01  No [] 02  DON'T KNOW [] 98  REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram?  Yes [] 01  No [] 02  DON'T KNOW [] 98  REFUSED [] 99  Q 4-37 In the past two years, have you ever learned about mammography from a workshop or presentation that wasn't connected with a doctor's office or a health center? For example, a presentation at a neighborhood center, senior citizen center, a church, or in someone's home?  Yes [] 01  No [] 02 [GO TO 4-39]  DON'T KNOW [] 98  REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop?  Yes [] 01  No [] 02 [GO TO 4-39]  DON'T KNOW [] 98  REFUSED [] 99  The most to learn how to examine your own breasts?  I learned from a volunteer or peer leader or peer l		L 3	Q 4-40 What do you feel he	lped you the	
Learned from a doctor/nurse/health care provider discussed mammograms with you? Yes [] 01   Don't Know [] 98   Don't Know [] 99   Don't Know [] 98   REFUSED [] 99   REFUSED [] 99   Don't Know [] 98   REFUSED [] 99   REFUSED [] 99   Don't Know [] 98   REFUSED [] 99   REFUSED [] 90   REFUSED	REFUSED	[] 99	~		
health care provider discussed mammograms with you?  Yes [] 01 No [] 02 DON'T KNOW [] 98 REFUSED [] 99  Q 4-36 In the past two years, has a health care provider recommended that you have a mammogram?  Yes [] 01 No [] 02 Ohr'T KNOW [] 98 REFUSED [] 99  I learned from a volunteer or peer leader or peer lead	0.405.4.11.4	dd - comma than a	breasts?		
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mammogram?  Yes [] 01  No [] 02  DON'T KNOW [] 98  REFUSED [] 99  Q 4-37 In the past two years, have you ever learned about mammography from a workshop or presentation that wasn't connected with a doctor's office or a health center? For example, a presentation at a neighborhood center, senior citizen center, a church, or in someone's home?  Yes [] 01  No [] 02 [GO TO 4-39]  DON'T KNOW [] 98  REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop?  Yes [] 01  No [] 02  Other [] 05  Other [] 06  Specify:  DON'T KNOW [] 98  REFUSED [] 99  Q 4-41 And how often do you examine your own breasts for lumps? [PROBE FOR APPROX.]  More than once a month [] 01  Once a month [] 02  2 times a year [] 04  Once a year [] 05  Never [] 06  Other [] 07  Specify:  DON'T KNOW [] 98  REFUSED [] 99  REFUSED [] 99  REFUSED [] 99	care provider recomm	nended that you have a	I learned from watching		
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Q 4-37 In the past two years, have you ever learned about mammography from a workshop or presentation that wasn't connected with a doctor's office or a health center? For example, a presentation at a neighborhood center, senior citizen center, a church, or in someone's home?  Yes [] 01 No [] 02 [GO TO 4-39] DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98 Other [] 99  REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98		L 3			
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church, or in someone's home?  Yes [] 01  No [] 02 [GO TO 4-39]  DON'T KNOW [] 98  REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop?  Yes [] 01  No [] 02  DON'T KNOW [] 98  REFUSED [] 99  REFUSED [] 99  Ponition of the presentation of workshop?  Yes [] 01  No [] 02  DON'T KNOW [] 98	neighborhood center,	senior citizen center, a	- ·	L -	
Yes [] 01 Once a year [] 05 No [] 02 [GO TO 4-39] Once a year [] 05 Never [] 06 DON'T KNOW [] 98 REFUSED [] 99  Q 4-38 Did you have a mammogram as a result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98			<u> </u>	L -	
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REFUSED [] 99  Specify  DON'T KNOW [] 98  Q 4-38 Did you have a mammogram as a result of that presentation or workshop?  Yes [] 01  No [] 02  DON'T KNOW [] 98					
DON'T KNOW [] 98  Q 4-38 Did you have a mammogram as a result of that presentation or workshop?  Yes [] 01  No [] 02  DON'T KNOW [] 98				[] 07	
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result of that presentation or workshop? Yes [] 01 No [] 02 DON'T KNOW [] 98	O 4-38 Did you have a mammogram as a		REFUSED	[] 99	
Yes [] 01 No [] 02 DON'T KNOW [] 98	- •				
No [ ] 02 DON'T KNOW [ ] 98	•	<del>-</del>			
DON'T KNOW [ ] 98					
		2.5			
REFUSED [] 99		[] 99			

### SECTION V: BELIEFS AND ATTITUDES ABOUT BREAST CANCER

Now I'm going to ask your opinion about some things. I'm going to read some statements. Imagine that you're saying these things to yourself and then tell me if you agree or disagree with each of these statements.

	Agree	Disagree	DON'T KNOW	REFUSED
<b>Q 5-1</b> I find that having my breasts examined by a male doctor is embarrassing.	01	02	98	99
<b>Q 5-2</b> I find that having my breasts examined by a female doctor is embarrassing.	01	02	98	99
Q 5-3 If doctors find cancer, there's nothing they can do anyway.	01	02	98	99
Q 5-4 If I had cancer, I'd rather not know about it.	01	02	98	99
Q 5-5 Getting cancer is a death sentence for most people.	01	02	98	99
Q 5-6 If someone has breast cancer, the only thing that can be done is to cut off the breast.	01	02	98	99
Q 5-7 I think they will find a cure for cancer.	01	02	98	99
Q 5-8 If more people would get checkups regularly, there would be fewer deaths from cancer.	01	02	98	99
Q 5-9 Mammography can detect cancer before a lump can be felt by me or my doctor.	01	02	98	99
Q 5-10 Since no-one knows what causes cancer, there's really nothing that can be done about it.	01	02	98	99
Q 5-11 People can <u>reduce</u> their chance of getting cancer by leading a healthy life.	01	02	98	99
Q 5-12 If someone gets cancer, it's just their fate, there's nothing you can do about it.	01	02	98	99

Q 5-13 Would you please explain, in your own words what you think cancer is? [RECORD EXACT RESPONSE]	Q 5-16 What do you think would cure cancer? [RECORD EXACT RESPONSE]
Q 5-14. What type of foods do you think cause cancer? [RECORD EXACT RESPONSE]	
Q 5-15 What do you think causes cancer?  [RECORD EXACT RESPONSE]	

SECTION VI: PAP SMEAR  Q 6-1 Have you ever heard of a PAP smear?  Yes [] 01  No [] 02  DON'T KNOW [] 98  REFUSED [] 99	Q 6-6 Did you ever REFUSE a PAP Smear when your doctor/health provider offered one to you?  Yes [] 01  No [] 02 [GO TO Q 6-8]  DON'T KNOW [] 98 [GO TO Q 6-8]  REFUSED [] 99 [GO TO Q 6-8]
In a PAP Smear the nurse or doctor inserts an instrument in your vagina and takes a sample of the cervical cells in your vagina using a small swab. A PAP Smear can find cervical cancer in its early stages.	Q 6-7 Why did you choose not to have the test? (RECORD EXACT RESPONSE)
Q 6-2 Have you ever had a PAP Smear?         Yes       [] 01         No       [] 02 [GO TO Q 6-6]         DON'T KNOW       [] 98 [GO TO Q 6-6]         REFUSED       [] 99 [GO TO Q 6-6]	
Q 6-3 What is the best estimate of your age when you received your first PAP Smear? Years old DON'T KNOW [] 98 REFUSED [] 99  Q 6-4 How many PAP Smear have you had in your lifetime?  # DON'T KNOW/NOT SURE [] 98 REFUSED [] 99	Q 6-8 Were you ever contacted by a doctor, nurse or other health care worker because of an abnormal result in your PAP Smear? Yes [] 01 No [] 02 [GO TO SECTION VII] DON'T KNOW [] 98 [GO TO SECTION VII] REFUSED [] 99 [GO TO SECTION VII]
Q 6-5 When did you have your last PAP Smear?  1 year ago []01  Between 1 to 2 years ago []02  Between 2 to 3 years ago []03  More than 3 years ago []04  Never []05  DON'T KNOW []98  REFUSED []99	Q 6-9 How long ago was this?  Less than 1 year ago [] 01  1-3 years ago [] 02  More than 3 years ago[] 03  Never [] 04  DON'T KNOW [] 98  REFUSED [] 99  Q 6-10 Did you have a clinic appointment as a result of an abnormal PAP Smear?  Yes [] 01  No [] 02 [GO TO SECTION VII]  DON'T KNOW [] 98 [GO TO SECTION VII]  VII]  REFUSED [] 99 [GO TO SECTION VII]

Q 6-11 How long did you schedule that appointment Less than 1 months 1-3 months ago More than 3 months but less than 6 months More than 6 months DON'T KNOW REFUSED	
No [] 02 DON'T KNOW [] 98 [G VII]	SECTION VII]
Q 6-13 If no, what was the not keep the appointment Lack of transportation. Has been rescheduled. Did not have time (too busy with work). Cost too much. Wanted to keep the result confidential. Afraid of discussing the result. Other. Specify:	:? []01 []02 []03 []04
DON'T KNOW REFUSED	[]98 []99

# SECTION VII: ACCULTURATION AND ATTITUDES

# [FOR NATIVE ENGLISH SPEAKERS AND OTHER NON-CREOLE SPEAKERS, GO TO Q 7-14.]

Now I would like to ask you a few questions about the language you use in different situations.

With [READ Q 7-1] would you say you use only English, mostly English, Creole and English, mostly Creole, only Creole, only French, mostly French, or French and Creole? [REPEAT FOR ALL]

							T	
REF	66	66	66	66	66	66	66	66
DK	86	86	86	86	86	86	86	86
NA	10	10	10	10	10	10	10	10
Erglish	60	60	60	60	60	60	60	60
French	80	80	80	80	80	80	80	80
French	07	07	07	0.7	0.2	02	0.2	07
creor nch	90	90	90	90	90	90	90	90
Mostly Creole	90	90	05	90	90	90	90	05
Only Creole	04	90	90	90	04	04	04	04
Creole/ Eng.	03	03	03	03	03	03	03	03
Mostly Eng.	02	02	02	02	02	02	05	02
Only Eng.	01	01	01	01	01	01	01	01
	Q 7-1 Your husband or boyfriend/partner	Q 7-2 Close relatives	Q 7-3 Your children or the children living in your household	Q 7-4 Most of your neighbors	Q 7-5 Most of the people at work	Q 7-6 Most of the people where you usually shop	Q 7-7 At family gatherings such as Christmas or other holidays	Q 7-8 Most of your friends

Q 7-9 When you watch TV, are the programs usually in [READ RESPONSE CATEGORIES]  English [] 01 Creole [] 02 French [] 03 Other [] 04 Specify Don't watch/have TV [] 05 DON'T KNOW [] 98 REFUSED [] 99	Q 7-12 When you read books, magazines or newspaper are they usually in [READ RESPONSE CATEGORIES]  English [] 01 Creole [] 02 French [] 03 Other [] 04 Specify Don't' know how to read [] 05 DON'T KNOW [] 98 REFUSED [] 99
Q 7-10 When you buy foods, do you go to stores that have Haitian/Caribbean products? [READ RESPONSE CATEGORIES]  Always [] 01  Most of the time [] 02  Sometimes [] 03  Never [] 04  DON'T KNOW [] 98  REFUSED [] 99	Q 7-13 How important to you is it that church services are in your native language?  [READ RESPONSE CATEGORIES]  Very important [] 01  Somewhat important [] 02  Not very important [] 03  Not at all important [] 04  DON'T KNOW [] 98  REFUSED [] 99
Q 7-11 When you listen to the radio, are the programs usually in [READ RESPONSE CATEGORIES]  English [] 01 Creole [] 02 French [] 03 Other [] 04 Specify Don't listen to/have a radio [] 05 DON'T KNOW [] 98 REFUSED [] 99	

Earlier, you told me that you identify with (country). Now I'm going to ask your opinion about certain aspects of family life, some of which have to do with your feelings about (country). I'm going to read you some statements. For each statement, please tell me whether you agree

strongly; agree somewhat; disagree strongly; disagree somewhat. Are you ready?

strongly; agree somewhal; alsagree strongly,	Agree Strngly	Agree Smwht	Disagree Strngly	Disagree Smwht	NA	REF
Q 7-14 It is important for my children to know about the history of	01	02	03	04	05	99
Q 7-15 It is important for my children (or younger relatives) to follow (country's) customs and way of life	01	02	03	04	05	99
Q 7-16 It is important for my children (or younger relatives) to celebrate (country's holidays)	01	02	03	04	05	99
Q 7-17 Knowing my family ancestry or lineage, that is tracing my family tree, is an important part of family life	01	02	03	04	05	99
Q 7-18 It is important to know my cousins, aunts and uncles and to have a close relationship with them	01	02	03	04	05	99
Q 7-19 A person should remember other family members who have passed away on the anniversary of their death, or other special occasions.	01	02	03	04	05	99
Q 7-20 While they are growing up, brothers have a responsibility to protect their sisters.	01	02	03	04	05	99
Q 7-21 While they are growing up, sisters have an obligation to respect their brothers' authority.	01	02	03	04	05	99
Q 7-22 While they are growing up, brothers have an obligation to respect their sisters' authority.	01	02	03	04	05	99
Q 7-23 If they could live anywhere they wanted, married children should live close to their parents so they can help each other	01	02	03	04	05	99

Q 7-24 Who would y	_
needed to borrow mor	-
My parents	[] 01
My brother/sister	[] 02
The bank	[] 03
Friend	[] 04
Other	[] 05
Specify	
DON'T KNOW	[] 98
REFUSED	[] 99
Now I'm going to ask a	couple of
questions about your fi	riends and
associates.	
Q-7-25 Throughout y have your neighbors m {country}, mostly not or about equal number	ostly been from from {country},
Mostly {country}	[] 01
About equal	[] 02
Mostly Non {country}	[] 03
DON'T KNOW	[] 98
REFUSED	[] 99
<b>Q-7-26</b> Throughout your close personal friction from {country}, mostly or about equal number	ends been mostly y non-{country}, s of each?
Mostly {country}	[] 01
About equal	[] 02
Mostly Non (country)	[] 03
DON'T KNOW	[] 98
REFUSED	[] 99

### **SECTION VIII: ALCOHOL CONSUMPTION**

The following questions pertain to your use of alcoholic beverages during the past year. A "drink" refers to a can or bottle of beer, a glass of wine, a wine cooler, or 1 cocktail or shot of hard liquor, 1 glass of Kremas, and Kleren.

Q 8-1. How often do y	ou have a drink	REFUSED	[]99	
containing alcohol?				
4 or more times per week [] 01		Q 8-5 How often during the last year		
2-3 times per week [] 02		have you failed to do wh		
2-4 times per month		expected from you becau		
Monthly	[]04	Daily or almost daily		
2-4 times a year	[]05	Weekly	[]02	
Never [] 06 [GO TO SECTION IX]		Monthly	[] 03	
DON'T KNOW	[]98	More than a month	[]04	
REFUSED	[]99	Never	[] 05	
		DON'T KNOW	[]98	
Q 8-2 How many drin	ks containing	REFUSED	[]99	
alcohol do you have or	a typical day		•	
when you are drinking	?	<b>Q 8-6</b> How often during		
More than 10 drinks	[]01	have you needed a first d		
7-9 drinks	[]02	morning to get yourself	going after a	
5-6 drinks	[]03	heavy drinking session?		
3-4 drinks	[]04	Daily or almost daily	[]01	
1-2 drinks	[]05	Weekly	[]02	
DON'T KNOW	[]98	Monthly	[] 03	
REFUSED	[]99	More than a month	[]04	
		Never	[] 05	
Q 8-3 How often do y	ou have 6 or more	DON'T KNOW	[]98	
drinks on 1 occasion?	•	REFUSED	[] 99	
Daily or almost daily	[]01			
Weekly	[]02	Q 8-7 How often during		
Monthly	[]03	have you had a feeling of	f guilt or	
More than a month	[]04	remorse after drinking?		
Never	[]05	Daily or almost daily	[]01	
DON'T KNOW	[]98	Weekly	[]02	
REFUSED	[]99	Monthly	[] 03	
	• •	More than a month	[]04	
Q 8-4 How often during	ng the last year	Never	[] 05	
have you found that you were not able to		DON'T KNOW	[]98	
stop drinking once you had started?		REFUSED	[]99	
Daily or almost daily	[]01			
Weekly	[]02			
Monthly	[]03			
More than a month	[]04			
Never	[]05			
DON'T KNOW	[] 98			

Q 8-8 How often during the last year have you been unable to remember what happened the night before because you were drinking? Daily or almost daily []01 []02 Weekly []03 Monthly []04 More than a month []05 Never DON'T KNOW []98 **REFUSED** []99

Q 8-9 Have you or someone else been injured as a result of your drinking?
Yes, during the past year [] 01
Yes, but not in the past year [] 02
No [] 03
DON'T KNOW [] 98
REFUSED [] 99

Q 8-10 Has a relative or friend, or a doctor or other health care worker been concerned about your drinking or suggested you cut down?

Yes, during the past year [] 01

Yes, but not in the past year [] 02

No [] 03

DON'T KNOW [] 98

[]99

**REFUSED** 

### SECTION IX: INTIMATE PARTNER VIOLENCE

Now, I am going to ask you some questions about issues you may have with relationships. Please try and answer them the best that you can. Intimate relationship includes relationship with your husband, boyfriend, and/or fiance'.

Q 9-1 Have you ev	ver been in a	Q 9-5 Have you ever been with a parts		
relationship?		who did drugs?		
Yes [] 01		Yes [] 01		
No [] 02 [Go 1	to SECTION X	No [] 02 <b>[GO TO Q 9-7</b> ]		
DON'T KNOW	[]98	DON'T KNOW [ ] 98 [GO TO Q 9-7]		
REFUSED	[]99	REFUSED [] 99 [GO TO Q 9-7]		
Q 9-2 Have you ev	ver been in a	Q 9-6 Did your partner assault you when		
relationship where	your partner has	using drugs?		
pushed or slapped	you?	Never [] 01		
Yes	[]01	Some cases [] 02		
No	[]02	Most cases [] 03		
DON'T KNOW	[]98	All cases [] 04		
REFUSED	[]99	DON'T KNOW []98		
		REFUSED []99		
Q 9-3 Have you ev	ver been in a			
relationship where	your partner	Q 9-7 Have you ever been with a partner		
threatened you wit	h violence?	who drank?		
Yes	[]01	Yes [] 01		
No	[]02	No [] 02 [GO TO Sect X]		
DON'T KNOW	[]98	DON'T KNOW [ ] 98 [GO TO Sect X]		
REFUSED	[]99	REFUSED [] 99 [GO TO Sect X]		
Q 9-4 Have you ev	ver been in a	Q 9-8 Did your partner assault you when		
relationship where	your partner has	drunk?		
thrown, broken or	punched things?	Never [] 01		
Yes	[]01	Some cases [] 02		
No	[]02	Most cases [] 03		
DON'T KNOW	[]98	All cases [] 04		
REFUSED	[] 99	DON'T KNOW []98		
		REFUSED []99		

### **SECTION X: SES and DEMOGRAPHICS**

Now we're almost done. I just have a few questions about yourself, so we can know something about the people who helped us by providing information.

Q 10-1 First, what was the highest grade in	Q 10-4 Have you worked at a	any time in the	
school you have completed? [PROBE TO	past three years?		
CLARIFY EXACT GRADE IF	Yes [] 01		
NECESSARY; circle the answer]	No [] 02 <b>[GO</b> 7		
No schooling 0	DON'T KNOW [ ] 98 <b>[GO</b> ]		
Grade school 1 2 3 4 5 6	REFUSED [] 99 [GO]	ΓΟ Q 10-6]	
High school 7 8 9 10 11 12			
College 13 14 15 16 17+	Q 10-5 What kind of work are	e (were) you	
DON'T KNOW 98	doing? For example, accounta	ınt, stock	
REFUSED 99	clerk, secretary, social worker, nurses aid,		
	etc.? RECORD EXACT RE	SPONSE	
Q 10-2 Are you now [READ RESPONSE			
CATEGORIES]			
Married [] 01			
Living with boyfriend/partner [] 02	Q 10-6 Are you covered by a	ny health	
Single/never married [] 03	insurance?	•	
Separated/divorced [] 04	Yes [] 1		
Widowed [] 05		ΓO Q 10-8]	
DON'T KNOW [] 98		TO Q 10-8]	
REFUSED [] 99	L 3 -	ГО Q 10-8]	
	O 10 7 Which of the following	a types of	
Q 10-3 Are you now [READ RESPONSE	Q 10-7 Which of the following		
CATEGORIES]	health insurance are you cove [READ KINDS OF INSURA		
Working full time [] 01[GO TO 10-5]	•		
Working part time [] 02 [GO TO 10-5]	CHECK ALL THAT APPL		
Unemployed, looking	Medicare Medicaid or Mass	[] 01	
for work [] 03	Health/Boston Health Net	[] 02	
Retired [] 04	Private Health insurance	[] 02	
Disabled [] 05	(HMO or health plan such		
A homemaker, not	as Neighborhood Health Plan		
looking for work [] 06	•	,	
A full-time student, not	Tufts Community Health	[]03	
looking for work [] 07	Plan, HMO Blue, etc.)	[]03	
You'd like to work, but you've	Private Health Insurance		
given up looking because you	that only pays large	F 1 04	
just can't find a job [] 08	medical bills.	[]04	
DON'T KNOW [] 98	Other	[] 05	
REFUSED [] 99	Specify		
	DON'T KNOW [] 98		
	REFUSED [] 99		

[IF CHECKED CH SKIP TO Q 10-9]	OICE 1 IN Q 10-6,	household with you [FOR PERSON L	
Q 10-8 Are you elig	gible for free care at a	ENTER '1'; FOR	
community health ce	enter or hospital clinic?	WITH ONE OTH	ER PERSON, ENTER
Yes [] 0		'2', ETC.]	
No [] 0	)2		
DON'T KNOW[] 9	98	# of people	
REFUSED [] 9	9	DON'T KNOW	[] 98
		REFUSED	[] 99
Q 10-9 As far as you	ı know, does your		
insurance pay for ma	ammograms? Does it	<b>Q 10-12</b> In what ye	ar were you born?
pay all of the cost of	a mammogram, part of	Year: 19	
	gram, or not pay for	DON'T KNOW	[] 98
mammograms at all?		REFUSED	[] 99
Insurance pays all			
of the cost	[] 01	Q 10-13 How old as	re you?
Insurance pays part		Age:	
of the cost	[] 02	DON'T KNOW	[] 98
Insurance doesn't cov		REFUSED	[] 99
mammogram	[] 03		
DON'T KNOW	[] 98	Q 10-14 How much	h was the total
REFUSED	[] 99	combined income fi	rom all the people living
		in your household in	n 1999? I don't need to
<b>Q 10-10</b> What is you	ır religion? Is it	know the exact amo	ount. Was it [READ
	l, Protestant, Muslim,	RESPONSE CAT	EGORIES]
•	Seventh Day Adventist,	Less than \$5,000	[ ] 01 [GO TO END]
Voodoo, some other		\$5,000 or more, but	less
religion?	_	than \$10,000	[ ] 02 [GO TO END]
Catholic '	[] 01	\$10,000 or more, bu	it less
Pentecostal	[] 02	than \$20,000	[ ] 03 [GO TO END]
Protestant (Methodis	t,	\$20,000 or more, bu	it less
Lutheran, Presbyteria		than \$30,000	[ ] 04 [GO TO END]
Baptist	[] 04	\$30,000 or more, bu	it less than
Muslim	[] 05	\$40,000	[ ] 05 [GO TO END]
Jehovah's Witness	[] 06	\$40,000 or more, bu	it less than
7th Day Adventist	[ ] 07	\$50,000	[] 06 [GO TO END]
Voodoo	[ ] 08	\$50,000 or more, bu	it less than
Other	[] 09	\$75,000	[] 07 [GO TO END]
Specify:		\$75,000 or more	[] 08 [GO TO END]
None	[] 10	DON'T KNOW	[ ] 98 [GO TO END]
DON'T KNOW	[] 98	REFUSED	[ ] 99 [GO TO END]
REFUSED	[] 99		

<b>END</b> : Thank you for being so helpful. My supervisor may want to make sure that everything went well with this interview. May I have your phone number in case she wants to call?
Phone Number
<ul> <li>PROVIDE EDUCATIONAL MATERIALS</li> <li>ANSWER ALL QUESTIONS</li> </ul>
Also, if you would like to know more about breast cancer, you may call her. Her name is Linda Ko, and you may call her at (617) 414-6919. You may also call Jean-Robert Boursind at (617) 414-7702.
[REMEMBER TO RECORD ALL OF THE NECESSARY INFORMATION ON THE TRACKING FORM AND ON THE QUESTIONNAIRE.]
Would you like to see the results of this study
Yes []
No []
DO THE TRACKING NUMBERS ON TRACKING FORM AND QUESTIONNAIRE MATCH?
Thank you!

### **Property of Haitian Health Institute**

	Subject ID#:	
Block ID:		
Address:		
Interviewer:		
Interview Date	Time <sup>.</sup>	

### **Haitian Breast Cancer Beliefs Study**

Questionnaire

Year 1

**Creole Version** 

Questfin.doc 6/15/00 Breast Cancer Questionnaire

### DEKLARASYON POU REVELASYON / FOM POU KONSANTMAN

katye kote ou rete a sou swen sante yo kesyon sante, pami yo kansè nan tete.	]. Mwen ap travay pou "Haitian on Medical Center." N ap pale avèk fanm nan oak kèk lide ansanm ak enpresyon yo genyen sou Rezon ki fè n ap fè rechèch sa a, se pou nou kapal lyore swen sante pou fanm. N ap pale avèk ou, bon sous enfòmasyon sou kesyon sa a.
rekonpans pou tan ou ak jefò ou. Pati volontè, epi ou pa oblije reponn okenn tankou non ou, adrès lakay ou, ak tout konfidansyèl, ant mwen menm ak ou. repons plizyè santèn lòt fanm ap gen p konnen ki moun ki bay repons patikily pale jan ou vle, epi rete m pou mande	Pou patisipasyon ou, n ap ba ou [\$10.00] kòm isipasyon ou se yon bagay k ap fèt sou yon baz a kesyon ou pa vle reponn. Tout sa ki konsène ou, t bagay ou gen pou di ap rete konplètman Repons ou bay yo ap gen pou yo melanje avèk oou bay epi pèsòn lòt moun apre mwenmenm pa p e sa yo ou pral bay la. Tanpri mete ou alèz pou m pou m repete nenpòt kesyon ou pa konprann. oi m ap make yo sou papye pou m kapab reponn yo
Eske ou pa gen pwoblèm pou m kontin	ye avèk entèvyou a koulye a?
TANPRI TYEKE:	
[] Wi	
[] Non	
Mwen pral mande ou yon seri kesyon. Tanpri chwazi repons ou santi ou pi d kòmanse.	Pou pi fò ladan yo, ou ap jwenn plizyè repons. akò avèk li a pou chak kesyon. Mèsi. An nou

PREMYE SEKSYON: ANVIWONMAN KOMINOTE, LANG AK KILTI Koulye a mwen bezwen mande ou kèk kesyon ki gen rapò avèk oumenm Q 1-1 Nan ki peyi ou te fèt?  Zile nan Karayib yo  "Bahamas" [] 01  Q 1-2 Nan ki peyi ou te pase plis tan ap v pandan ou t ap grandi (lè ou te timoun?  Zile nan Karayib yo "Bahamas" [] 01	viv
kèk kesyon ki gen rapò avèk oumenm pandan ou t ap grandi (lè ou te timoun?  Q 1-1 Nan ki peyi ou te fèt?  Zile nan Karayib yo  Zile nan Karayib yo	
Q 1-1 Nan ki peyi ou te fêt?  Zile nan Karayib yo  Zile nan Karayib yo	
Zile nan Karayib yo Zile nan Karayib yo	
Babedòs [] 02 Babedòs [] 02	
Bèmida [] 03 Bèmida [] 03	
Kiba [] 04 Kiba [] 04	
Sen Domeng [] 05 Sen Domeng [] 05	
Lagrenad [] 06 Lagrenad [] 06	
Gwadloup [] 07 Gwadloup [] 07	
Ayiti [] 08 Ayiti [] 08	
Jamayik [] 09 Jamayik [] 09	
Matinik [] 10 Matinik [] 10	
Monserat [] 11 Monserat [] 11	
Pòtoriko [] 12 Pòtoriko [] 12	
Il Vyèj [] 14 Il Vyèj [] 14  Lafrik  Lafrik	
T 01 57 17	
- xzeb	
( )	
7.73-7.7	
Etazini [] 21 [ALE NAN 1-7] Etazini [] 21	
Meksik [] 22 Meksik [] 22	
Amerik Zòn Sid  Amerik Zòn Sid  Daniil 1 22	
Brezil [] 23 Brezil [] 23	
Kolonbi [] 24 Kolonbi [] 24	
Kostarika [] 25 Kostarika [] 25	
Salvadò [] 26 Salvadò [] 26	
Gwatemala [] 27 Gwatemala [] 27	
Ondiras [] 28 Ondiras [] 28	
Lewòp Lewòp	
Angletè [] 29 Angletè [] 29	
Lafrans [] 30 Lafrans [] 30	
Iland [] 31 Iland [] 31	
Lòt peyi [] 32 Lòt peyi [] 32	
Presize Presize Presize	_
MWEN PA KONNEN [] 98 MWEN PA KONNEN [] 98	
MWEN REFIZE REPONN [] 99 MWEN REFIZE REPONN [] 99	
111121112112212212	

Q 1-3 Nan ki ane ou te antre vin viv	Q 1-7 Nan ki peyi ma	nman ou te fêt?
Ozetazini pou lapremyè fwa?	Zile nan Karayib yo	
(Nan yon eta ki pa Pòtoriko)	"Bahamas"	[] 01
	Babedòs	[] 02
19 [ALE NAN Q 1-5]	Bèmida	[] 03
MWEN PA KONNEN [] 98	Kiba	[] 04
MWEN REFIZE REPONN [] 99		[ ] 05
	, 0	[] 06
Q 1-4 Ki pi bon estimet ou kapab fè		[] 07
Sou konbyen ane ou genyen ap viv	_	[ ] 08
Nan kontinen Ameriken an?	_	[] 09
#Ane	•	[ ] 10
		[ ] 11
MWEN REFIZE REPONN [] 99	Pòtoriko	12
		[ ] 13
Q 1-5 Depi premye fwa ou te vin rete		[] 14
Ozetazini an, eske ou pa jamè retounen	Lafrik	
Nan peyi ou te fèt la pou al viv pandan		[] 15
Nenpòt period tan?		[] 16
rempor period tair.	-	[] 17
Wi [] 01		[] 18
Non [] 02 [ALE NAN 1-7]		[] 19
MWEN PA KONNEN [] 98	3 2	20
MWENTA KONNEN [] 99	Amerik zòn Nò	[] ~
MWEN KENEE KEN OMV [] 33		[] 21
Q 1-6 Ki pi bon estimet ou kapab fê sou	•	[] 22
Kantite ane ou pase ap viv Ozetazini depi	Amerik zòn Sid	
Premye fwa ou te vin rete pou viv isit, san		[] 23
Ou pa konte tan lè ou te retounen al viv nan	•	[] 24
Peyi ou te fêt la?		[] 25
#Ane	Salvadò	[] 26
MWEN PA KONNEN [] 98	· ·	[] 27
MWEN PA KONNEN [] 98  MWEN REFIZE REPONN [] 99		[] 28
WWEN REFIZE REPONN [] 39	Lewòp	[] 20
	_	[] 29
		[] 30
		[] 31
		[] 32
	Presize	L J J2
	MWEN PA KONNEN	[] 98
	MWEN REFIZE REPO	
	TAT AN TOTAL LATELLINE TATEL	

<b>Q 1-8</b> Nan ki peyi p	oapa ou te fèt?	Q 1-9 Ki premye lang ou te a	aprann
Zile nan Karayib y	_	pale lè ou t ap grandi?	
"Bahamas"	[] 01	Kreyòl	[] 01
Babedòs	[] 02	Franse ak Kreyòl ansanm	[] 02
Bèmida	[] 03	Angle ak Kreyòl ansanm	[] 03
Kiba	[] 04	Franse	[] 04
Sen Domeng	[] 05	Angle	[] 05
Lagrenad	[] 06	Lòt lang	[] 06
Gwadloup	[] 07	Presize	
Ayiti	[] 08	MWEN PA KONNEN	[] 98
Jamayik	[] 09	MWEN REFIZE REPONN	[] 99
Matinik	[] 10		
Monserat	[] 11	Q 1-10 Ki jan ou dekri nasio	natite
Pòtoriko	[] 12	ou (Read Response categori	
Trinidad	[] 13	(Patisipan an kapab chwaz	
Il Vyèj	[] 14	pase yon sèl repons)	•
Lafrik	[] * '	Ayisyen	[] 01
Lafrik	[] 15	Ayisyen Ameriken	[ ] 02
Kep Vè	[] 16	Afriken	[] 03
Gana	[] 17	Afriken Ameriken	[] 04
Kotdivwa	[] 18	Jamayiken	[ ] 05
Nijerya	[] 19	Trinidadyen	[] 06
Senegal	[] 20	Grenadyen	[ ] 07
Amerik zòn Nò	[] 20	Kep Vèdyen	80 [ ]
Etazini	[] 21	Panyòl oubyen "Latino"	[] 09
Dtaziiii	[] 21	Brezilyen	[ ] 10
Meksik	[] 22	Blan ki pa Panyòl	[ ] 11
IVICKSIK	[] ~~	Vyètnamyen	[] 12
Amerik zòn Sid		Kanbodyen	[] 13
Brezil	[] 23	Chinwa	[] 14
Kolonbi	[] 24	Italyen	[] 15
Kostarika	[] 25	Natif Ameriken	[] 16
Salvadò	[] 26	Juif	[] 17
Gwatemala	[] 27	Ilandè	[]18
Ondiras	[] 28	Arab	[] 19
Oliulias	[] 20	Lòt gwoup	[] 20
Lewòp		Presize	1.3
Angletè	[] 29	MWEN PA KONNEN	[] 98
Lafrans	[] 30	MWEN REFIZE REPONN	[] 99
Iland	[] 31	IVI VI DIN TOST IDES TOST OF IT.	[]
	[] 32		
Lòt peyi Presize	[] 52		
MWEN PA KONN	EN [] 98		
MWEN REFIZE R			
MIAN DIA KELIYE K	DI OTATA [] 33		

Q 1-11 Kòman ou de Eske ou ta di ou (I CATEGORIES) Nwa Endyen Ameriken, Eskimo, ak "Aleut" Ou sot nan yon zile Blan Lòt ras Presize MWEN PA KONNE MWEN REFIZE RE	[] 01 [] 02 [] 03 [] 04 [] 05 N [] 98	Q 1-12 kontinye         Amerik zòn Sid         Brezil       [] 23         Kolonbi       [] 24         Kostarika       [] 25         Salvadò       [] 26         Gwatemala       [] 27         Ondiras       [] 28         Lewòp         Angletè       [] 29         Lafrans       [] 30         Iland       [] 31         Lòt peyi       [] 32
Q 1-12 Epi, ki peyi o Kòm premye oubyen Enpòtan kote orijin o Peyi ou plis idantifye Zile nan Karayib la	peyi ki pi u ye, oubyen e tèt ou avèk li?	Presize  MWEN PA KONNEN [] 98  MWEN REFIZE REPONN [] 99
"Bahamas" Babedòs Bèmida Kiba Sen Domeng	[] 01 [] 02 [] 03 [] 04 [] 05	
Lagrenad Gwadloup Ayiti Jamayik	[] 06 [] 07 [] 08 [] 09	
Matinik Monserat Pòtoriko Trinidad Il Vyèj	[] 10 [] 11 [] 12 [] 13 [] 14	
Lafrik Lafrik Kep Vè Gana Kotdivwa Nijerya Senegal Amerik zòn Nò Etazini	[] 15 [] 16 [] 17 [] 18 [] 19 [] 20	
Meksik	[] 22	

# <u>DEZYEM SEKSYON: SITIYASYON SANTE AK LISTWA KANSE NAN TETE</u> AK KANSE NAN KOL <u>MATRIS</u>

<u>AK KANSE NAN KOL M.</u>	<u>ATRIS</u>		
Koulye a mwen pral mande ou kèk kesyon sou		<b>Q 2-4</b> Nan k	i okazyon ou te premye
Sante ou ak swen sante ou resevwa.		Tande enfòr	nasyon sou kansè nan
		Tete? [Read	d Response Categories]
Q 2-1 Lè ou konpare tèt ou avèk lòt fanm menm		Pwogram Ra	adyo [] 01
Laj avèk ou, eske ou ta di ko		Pwogram To	elevizyon [] 02
[Read Response Categories	· · · · · · · · · · · · · · · · · · ·	Nan legliz	[] 03
Ekselan	[] 01	Nan lekòl	[] 04
Trè bon	[ ] 02	Nan Sant Ko	ominotè [] 05
Bon	[ ] 03	Nan bouch y	on fanmi [] 06
Pasab	[] 04	Nan bouch z	zanmi [] 07
Pòv	[ ] 05	Doktè/Enfin	nyè [] 08
MWEN PA KONNEN	[] 06	Edikatè sant	e ki te vin
MWEN REFIZE REPONN	Î Î 07	lakay mwen	[] 09
		Lòt kote	[] 10
Q 2-2 Eske ou jamè tande en	fòmasyon sou	Presize	
Kansè nan tete?	·	MWEN PA	KONNEN []98
Wi [] 01		MWEN REI	FIZE REPONN [ ] 99
Non [] 02 [Ale n	an Q 2-14]		
MWEN PA KONNEN	[] 98	<b>Q 2-5</b> Eske	doktè pa jamè dekouvri
MWEN REFIZE REPONN	[] 99	kansè nan te	te ou?
		Wi	[] 01
Q 2-3 Ki kalite sentòm ou pa	nse moun	Non	[ ] 02 [Ale nan Q2-8]
Ki gen kansè nan tete yo gen		MWEN	
May choose more than one		PA KONNE	N [ ] 98 [Ale nan <b>Q2-8</b> ]
Doulè nan tete l	[] 01	MWEN	
Tete l chanje koulè	[] 02	REFIZE	
Tete 1 gen boul	[] 03	REPONN	[ ] 99 [Ale nan <b>Q2-8</b> ]
Tete 1 vin pi gwo	[] 04		
Tete l vin pi piti	[] 05	<b>Q 2-6</b> Konb	yen tan sa genyen depi
Tete l gen bagay k ap sòti la		doktè te apra	ann ou ou gen kansè nan
Dan 1	[] 06	tete? [Read	l Response Categories]
Se pa youn nan sentòm yo	[ ] 07	Sa poko gen	6 mwa [] 01
Lòt kalite sentòm	[] 08	Sa gen ant 6	mwa ak yon lane[] 02
Presize		Kantite ane_	[] 03
MWEN PA KONNEN	[] 98	MWEN PA	KONNEN [] 98
MWEN REFIZE REPONN	[] 99	MWEN REI	FIZE REPONN [] 99
		<b>Q 2-7</b> Eske	ou te suiv kèk tretman
		oubyen ou to	e fè operasyon apre doktè
		te fin dekou	vri kansè nan tete ou la?
		Wi	[] 01
		Non	[] 02
		MWEN PA	KONNEN [] 98
		MWEN REI	FIZE REPONN [] 99

Q 2-8 Eske doktè te jwenn manman ou	Q 2-13 Anviwon konbyen tan sa genyen
Genyen kansè nan tete?	Depi ou te aprann pou lapremyè fwa yon
Wi [] 01	lòt fanmi oubyen zanmi gen kansè nan tete?
Non [ ] 02 [Ale nan Q 2-10]	Sa poko gen yon lane [] 01
MWEN PA KONNEN [ ] 98 [Ale nan Q2 10]	#Ane
MWEN REFIZE REPONN [ ] 99	MWEN PA KONNEN [] 98
[Ale nan Q 2-10]	MWEN REFIZE REPONN [] 99
Q 2-9 Anviwon konbyen tan sa genyen	Q 2-14 Eske ou jamè tande pale sou kansè
Depi ou te aprann manman ou te gen	nan matris?
Kansè nan tete?	Wi [] 01
Sa poko gen yon ane [] 01	Non [] 02 [Ale nan Q 2-25]
#Ane	MWEN PA KONNEN [] 98
MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99	MWEN REFIZE REPONN[] 99
WWEN KEFIZE KEI ONN [] 33	Q 2-15 Kòman ou te fè rive tande pale
Q 2-10 Eske ou jamè genyen yon	pou lapremyè fwa sou kansè nan
Sè ki te dekouvri li genyen kansè	matris? [Read Response Categories]
Nan tete?	Pwogram radyo [] 01
Wi [] 01	Pwogram Televizyon [] 02
Non [ ] 02 [Ale nan Q 2-12]	Legliz [] 03
MWEN PA KONNEN [] 98[Ale nanQ 2-12]	Lekòl [] 04
MWEN REFIZE	Sant Kominotè [1] 05
REPONN [] 99[Ale nan Q2-12]	Yon fanmi [ ] 06
[]	Zanmi [] 07
Q 2-11 Anviwon konbyen tan sa genyen	Doktè/Enfimyè [] 08
Depi ou te aprann youn nan sè ou yo gen	Edikatè sante ki vin lakay
Kansè nan tete?	Ou [] 09
Sa poko gen yon lane [] 01	Lòt rezon [] 10
#Ane	Presize
MWEN PA KONNEN []98	MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99	MWEN REFIZE REPONN [] 99
	Q 2-16 Eske doktè jamè dekouvri ou gen
Q 2-12 Eske ou genyen okenn lòt	kansè nan matris?
Fanmi ou, yon bon zanmi oubyen	Wi [] 01
Yon konesans ou ki te dekouvri	Non [] 02 [Ale nan Q 2-19]
Li gen kansè nan tete?	MWEN PA KONNEN [] 98
Wi [] 01	[Ale nan Q 2-19]
Non [] 02 [Ale nan Q 2-14]	MWEN REFIZE REPONN [ ] 99
MWEN PA	[Ale nan Q 2-19]
KONNEN [] 98 [Ale nan Q2-14]	
MWEN REFIZE	
REPONN [] 99 [Ale nan Q2-14]	

Q 2-17 Anviwon konbyen tan sa genyen Depi ou te aprann ou gen kansè nan matris?  [Read Response Categories] Sa poko gen yon ane [] 01 Sa gen ant 6 mwa ak yon ane [] 02 Kantite ane [] 03 MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99	Q 2-22 Anviwon konbyen tan sa Genyen depi ou te aprann pou lapremyè fwa youn nan sè ou yo te gen kansè nan matris? Sa poko gen yon ane [] 01 #Ane MWEN PA KONNEN[] 98 MWEN REFIZE REPONN [] 99
Q 2-18 Eske ou te suiv okenn tretman Oubyen ou te fè operasyon apre ou te Fin Dekouvri ou gen kansè nan Matris ou? Wi [] 01 Non [] 02 MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99	Q 2-23 Eske okenn lòt fanmi ou, bon zanmi oubyen konesans pa jamè dekouvri li gen kansè nan matris?  Wi [] 01  Non [] 02 [Ale Q 2-25]  MWEN PA KONNEN [] 98  [Ale nan Q 2-25]  MWEN REFIZE REPONN [] 99  [Ale nan Q 2-25]
Q 2-19 Eske doktè jamè dekouvri Manman ou gen kansè nan Matris li? Wi [] 01  Non [] 02 [Ale nan Q 2-21]	Q 2-24 Anviwon konbyen tan sa Genyen depi ou te premye aprann yon lòt fanmi ou oubyen zanmi ou Gen kansè nan matris? Sa poko gen yon ane [] 01
MWEN PA KONNEN [] 98  [Ale nan Q 2-21]  MWEN REFIZE REPONN [] 99  [Ale nan Q 2-21]	#Ane MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99
Q 2-20 Anviwon konbyen tan sa Genyen depi ou te aprann manman Ou genyen kansè nan matris li? Sa poko gen yon ane [] 01 #Ane MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99  Q 2-21 Eske ou jamè gen yon sè Ou ki dekouvri li genyen kansè	Q 2-25 Eske genyen yon kote ou ale òdinèman pou jwenn swen medikal si ou malad oubyen si ou genyen yon Pwoblèm sante?  Wi [] 01 [Ale nan Q2-28]  Non [] 02 [Ale nan Q2-26]  Genyen plis pase yon kote [] 03 [Ale nan Q2-27]  MWEN PA KONNEN [] 98  [Ale nan Q2-27]  MWEN REFIZE REPONN [] 99
Nan matris li?  Wi [] 01  Non [] 02  [Ale nan Q 2-23]  MWEN PA KONNEN [] 98  [Ale nan Q 2-23]  MWEN REFIZE REPONN [] 99  [Ale nan Q 2-23]	[Ale nan Q2-27]  Q 2-26 Ki es nan tout rezon ki mansyone pi ba yo ki se prensipal rezon ki fè ou pa gen yon kote patikilye oubyen yon moun patikilye ou abitye ale? [Read Response Categories]

Q 2-26 (continued)	Q 2-28 Ki kalite kote l ye? [Read
	Response Categories]
Ou genyen 2 oubyen plis doktè	Doktè Prive [] 01
Oubyen plis kote [] 01	Sal "Emergency" lopital [] 02
Ou pa t genyen/ ou	"Urgent Care" [] 03
Pa genyen yon doktè [] 02	Klinik nan yon lopital pou
[Ale nan Q 2-45]	moun mache vin pran swen [] 04
Doktè ou te genyen an pa disponib	Santsante kominotè/
Ankò [] 03	Klinik sante piblik [ ] 05
[Ale nan Q 2-45]	"HMO" oubyen klinik prive [] 06
Pa t genyen swen disponib [] 04	Nan men moun ki bay lòt fòm
[Ale nan Q2-45]	tretman (remèd fèy, lapriyè,
Kote k gen swen an te	akiponkti, fèy, elatriye) [] 07
twò lwen [] 05	Lòt kote
[Ale nan Q2-45]	MWEN PA KONNEN [] 98
Mwen pa t kapab jwenn	MWEN REFIZE REPONN [] 99
Doktè mwen panse ki byen	
An [] 06	Q 2-29 Anviwon konbyen tan li
[Ale nan Q2-45]	pran ou pou ale nan kote sa a
Mwen pa t ka peye [] 07	(Place in Q2-28)?
[Ale nan Q2-45]	[PROBE FOR approx.] minit
Mwen pa janm malad/Mwen	MWEN PA KONNEN []98
Pa bezwen wè doktè [] 08	MWENTA KONNEN [] 99
[Ale nan Q2-45]	WWEN REFIZE REFORM [] 33
Mwen pa gen yon kote pou m ale [] 09	Q 2-30 Yon fwa ou fin rive kote sa a
<del>-</del>	(Place in Q2-28) konbyen tan
[Ale nan Q2-45] Lòt rezon [] 10	òdinèman ou oblije rete tann avan ou
[Ale nan Q2-45]	jwenn swen medical? [Probe for
Presize	Approx.]
MWEN PA KONNEN [] 98	minit
[Ale nan Q2-45]	MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99	MWEN REFIZE REPONN [] 99
[Ale nan Q2-45]	
•	Q 2-31 Eske genyen yon doktè
	patikilye ou abitye wè kote sa a
	(Place in Q2-28)?
Q 2-27 Eske genyen youn nan	Wi [] 01
Kote sa yo ou ale pi souvan lè ou	Non [] 02 [Ale nan Q2-33]
Malad?	MWEN PA KONNEN [] 98
Wi [] 01	[Ale nan Q2-33]
Non [] 02	MWEN REFIZE REPONN [] 99
MWEN PA KONNEN[] 98	[Ale nan Q2-33]
MWEN REFIZE REPONN [ ] 99	

Q 2-32 Konbyen tan ou genyen depi		Q 2-36 Eske resepsy	
Ou ap wè moun sa a?		anplwaye biwo yo pal	
Sa poko gen 6 mwa	[] 01	Byen	[] 01
Ant 6 mwa ak yon ane	[] 02	Enpe	[] 02
Ant youn ak 3 ane	[] 03	Ditou	[] 03
Sa gen plis pase 3 ane	[] 04	Pa gen resepsyonis	[] 04
MWEN PA KONNEN	[] 98	MWEN PA KONNE	N[] 98
MWEN REFIZE REPONN	[] 99	MWEN REFIZE REF	ONN[] 99
Q 2-33 Ki dènye fwa ou te ale kote		Q 2-37 Eske entèprèt yo pale (the	
Sa a? [Probe For Approx.]		language)? [Read Response	
Sa poko gen 6 mwa	[] 01	Categories]	
Ant 6 mwa ak yon ane	[ ] 02	Byen	[] 01
Ant youn ak 3 ane	[] 03	Enpe	[] 02
Sa gen plis pase 3 ane	[] 04	Ditou	[] 03
MWEN PA KONNEN	[] 98	Pa gen entèprèt	[] 04
MWEN REFIZE REPONN	[] 99	MWEN PA KONNEN	N[] 98
		MWEN REFIZE REF	ONN[] 99
Q 2-34 Lè ou al kay doktè, eske			4 7.4
Ou abitye wè: [Read Respon	ise	Q 2-38 Eske doktè yo pale (the	
Categories]		language)? [Read Response	
Yon Enfimyè	[] 01	Categories]	
Yon doktè	[] 02	Byen	[] 01
Tou De	[] 03	Enpe	[] 02
Lòt moun	[] 04	Ditou	[] 03
Presize		Pa gen doktè	[] 04
MWEN PA KONNEN	[] 98	MWEN PA KONNEN	
MWEN REFIZE REPONN	[] 99	MWEN REFIZE REF	ONN [] 99
[FOR RESPONDENTS WHOSE FIRST		Q 2-39 Eske enfimyè yo pale (the	
LANGUAGE IS NOT ENGLISH		language)? [Read Rea	sponse
CONTINUE WITH 2-35; FOR		Categories]	
RESPONDENTS WHOSE FIRST		Byen	[] 01
LANGUAGE IS ENGLISH, SKIP		Enpe	[] 02
QUESTIONS 2-35 TO 2-41; REFER		Ditou	[] 03
TO Q 1-9 FOR RESPONDENTS' FIRST		Pa gen enfimyè	[] 04
LANGUAGE]		MWEN PA KONNE	N [] 98
-		MWEN REFIZE REPON	N[] 99
Ou te di m premye lang ou te	<del></del>		•
Pale, se te (language), eske se sa?		Q 2-40 Nan ki pwen ou panse l	
Q 2-35 Epi eske gen moun nan (place		Enpòtan pou ou lè moun k ap ba ou	
In 2-28) ki pale (language)?		swen an pale (respondent's 1st	
Wi [] 01		Language): [Read Response	
Non [] 02{Ale nan		Catego	-
MWEN PA KONNEN [ ]98[Ale n	an Q 2-40	Trè enpòtan	[] 01

MWEN REFIFE REPONN[]99[Ale nan Q 2-40]  Q 2-40 (Continued  Yon ti jan enpòtan [] 02  Pa trè enpòtan [] 03		[] 98 [] 99
Pa enpòtan ditou [] 04 MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99  Q 2-41 Nan ki pwen ou panse 1	Q 2-45 Chak kilè ou ale ka do oubyen nan yon klinik pou tye Menm si ou pa santi ou malad oubyen ou pa genyen yon pwo	ekòp, I
Enpòtan pou ou lè lòt moun ki Nan biwo a oubyen nan klinik	patikilye oubyen kesyon sou sante ou? Eske se: [Read Response Categories]	
lan pale (language): [Read Response Categories] Trè enpòtan [] 01	Plis pase yon fwa chak ane Yon fwa chak ane	[] 01 [] 02
Yon ti jan enpòtan [] 02 Pa trè enpòtan [] 03 Pa annètan ditan	Yon fwa chak 2 zan Mwens pase yon fwa chak 2 z Jamè, ou ale kay doktè sèlman	
Pa enpòtan ditou [] 04 MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99	si ou santi ou malad oubyen ou genyen yon pwoblèm sante [] 05	
Koulye a mwen mande ou kèk	MWEN PA KONNEN [] 98 MWEN REFIZE REPONN	[] 99
Kesyon sou doktè ou la. Se yon Moun ki genyen yon diplòm Doktè.		
Q 2-42 Eske doktè ou la [Read Response Categories] (Ethnicity) [] 01 (Non-Ethnicity) [] 02 MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99		
Q 2-43 Eske doktè ou la se [Read Response Categories] Fanm [] 01 Gason [] 02 MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99		
Q 2-44 Nan ki pwen ou te satisfè Avèk sèvis ou te jwenn nan dènye Fwa ou te ale pou te resevwa swen Medikal? Eske ou te [Read Response Categories] Trè satisfè [] 01 Yon ti jan satisfè [] 02 Yon ti jan pa satisfè [] 03 Mwen preske pa t satisfè menm [] 04		

# DEZYEM SEKSYON: LOT KALITE GERIZON

Anpil moun rezoud kèk pwoblèm Medical lakay yo, oubyen tou yo Itilize remèd tradisyonèl yo leve Jwenn nan kilti lakay yo. Nou ta Renmen gen enfòmasyon sou kèk Lòt fason ou kapab genyen pou Fè fas avèk pwoblèm sante.

Q 3-1 Eske ou itilize te, fèy

**Q 3-1** Eske ou itilize te, fèy Oubyen remèd tradisyonèl kilti Lakay ou?

Wi	[] 01
Non	[ ] 02 [Ale nan Q3-8]
<b>MWE</b>	N PA KONNEN [] 98
	[Ale nan Q3-6]
MWE	N REFIZE REPONN [] 99
	[Ale nan Q3-6]

Q 3-2 Ki dènye fwa ou te itilize [te, fèy, remèd andedan lakay]?

Probe for Approx. Time		
Sa poko gen yon mwa	[]	01
Sa gen plis pase yon mwa,		
Men li poko gen 3 mwa	[]	02
Sa gen plis pase 3 mwa,		
Men li poko gen 6 mwa	[]	03
Sa gen plis pase 6 mwa,		
Men li poko gen yon ane	[]	04
Sa gen plis pase yon ane	[]	05
Jamè	[]	06
MWEN PA KONNEN	[]	07
MWEN REFIZE REPONN	[]	08

Q 3-3 Ki sa ki te rezon/pwoblèm Nan? [RECORD EXACT RESPONSE]

Q 3-4 Ki sa ou te pran? [Record Exact Response]			
0.0 7 77)	L.: 1	1:4.	
Q 3-5 Kòman ou fè konnen l Γe, zèb oubyen lòt remèd kilt			
Ou pou pran?	) I I I I	suj	
Response Categories: Cho	ose	the	
Best Answer]	050	· ·	
* Yon manm nan fanmi m ko	nne	n	
remèd yo	[]		
* Vwazen m te di mwen	E	02	
* Mwen konnen remèd yo		03	
* Yon zanmi konnen remèd			
	֓֟֝֟֝֟֝֟֝֟ <u>֚</u>	_	
* Mwen te jwenn konsèy na			
yon boutik yo vann bagay			
pou sante	[]	06	
* Mwen te tande enfòmasyo	n		
sou sa nan radyo	[]	07	
*Mwen te tande lòt moun ap			
pale de li	[]	80	
* Lòt kote	[]	09	
* Presize			
MWEN PA KONNEN	[]		
MWEN REFIZE REPONN	[]	99	
m - 1 - 1	C)		
Q 3-6 Pou kenbe sante ou an		,	
Menm lè ou santi ou byen, es	ке	ou	
prefere itilize:			
Sipleman oksidantal yo	гп	Λ1	
(Ekzanp Vitamin)	ΙJ	01	
Te, fèy, oubyen remèd	٢٦	02	
tradisyonèl kilti lakay ou	[]		
Tou de Ni youn ni lòt	ΓJ	03 04 98	
MWEN PA KONNEN	[]	9۶	
MWEN REFIZE REPONN		99	
TAT 44 TOTA TOTAL TOTAL TOTAL	LJ		

Q3-7 Si ou itilize lòt kalite fòm Tretman, eske ou di doktè ki Pratike medsin oksidantal yo sa? Wi [] 01 Non, paske m pè pou doktè A pa dezapwouve l [] 02 Non, paske mwen pa t jamè Panse pou m di yo sa [] 03 Lòt rezon [] 04 Presize  MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99	Q 3-9 (continued) Yon akiponktiris [] 03 Famsaj [] 04 Mayetizè [] 05 Tretman ki chita sou sèvis relijye ki repoze sou lafwa kretyèn [] 06 Lòt [] 07 Presize: MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99 [If checked choice 3 in Q3-8, Go to Q3-12]
Mwen pral ba ou kèk ekzanp sou Kèk diferan kondisyon medical, Epi mwen ta renmen konnen si ou Ta p itilize medsin oksidantal, Lòt kalite fòm tretman, tou de, Oubyen ni youn ni lòt pou ta trete Kondisyon sa yo. Lòt kalite fòm Tretman yo genyen bagay tankou te, fèy, "shaman", ougan, manbo, etc.	Q 3-10 Si lòt kalite fòm tretman yo pa mache, eske ou eseye medsin oksidantal?  Wi [] 01 [Ale nan Q3-12]  Non [] 02 [Ale nan Q3-12]  MWEN PA KONNEN[] 98  [Ale nan Q3-12]  MWEN REFIZE REPONN [] 99  [Ale nan Q3-12]
Q 3-8 Ou ap mache vit. Toudenkou Ou santi yon gwo doulè bò pwatrin ou, Li prèt pou koupe souf ou, li fè ou ap Swe, li ba ou noze ak vomisman. Ou Panse ou kapab genyen yon pwoblèm Kè ki menase lavi ou. Eske ou itilize: Lòt kalite fòm tretman anvan [] 01 Medsin oksidantal anvan [] 02 [Ale nan Q3-11] Tou de alafwa [] 03 Ni youn ni lòt [] 04 [Ale nan Q3-12] MWEN PA KONNEN [] 98 [Ale nan Q3-12] MWEN REFIZE REPONN [] 99 [Ale nan Q3-12]  Q 3-9 Ki lòt kalite fòm tretman ou Eseye? Te, fèy, oubyen remèd tradisyonèl Kilti lakay ou [] 01 Yon "Shaman"/ougan/manbo [] 02	Q 3-11 Si medsin oksidantal la pa travay, eske ou eseye medsin altènativ? Wi [] 01 Non [] 02 MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99  Q 3-12 Yon maten ou leve avèk tous, nen bouche, malgòj, ak misk fè mal. Eske ou itilize: Lòt kalite fòm tretman anvan [] 01 Medsin oksidantal anvan [] 02 [Ale nan Q3-15] Tou de alafwa [] 03 Ni youn ni lòt [] 04 [Ale nan Q3-16] MWEN PA KONNEN [] 98 [Ale nan Q3-16] MWEN REFIZE REPONN [] 99 [Ale nan Q3-16]

Q 3-13 Ki lòt kalite fòm tretman ou	l	Q 3-16 (continued)		
Eseye?		MWEN PA KONNEN [] 98		
Te, fèy oubyen lòt kalite remèd		[Ale nan Q 3-20]		
Tradisyonèl nan kilti lakay ou	[] 01	MWEN REFIZE REPONN [] 99		
	[] 02	[Ale nan Q 3-20]		
Yon "Shaman"/ougan/manbo		[Me han & 5 20]		
Akipontiris	[] 03	Q 3-17 Ki lòt kalite tretman ou		
Famsaj	[] 04	•		
Mayetizè	[] 05	eseye?		
Tretman priyè ki repoze sou lafwa	F 7 0 6	Te, fèy oubyen lòt remèd tradisyonèl		
Kretyèn	[] 06	nan kilti lakay ou [] 01		
Lòt kalite	[] 07	Yon "Shaman/ougan/manbo [] 02		
Presize:	_	Akiponktiris [] 03		
MWEN PA KONNEN	[] 98	Famsaj [] 04		
MWEN REFIZE REPONN	[] 99	Mayetizè [] 05		
		Tretman priyè ki repoze sou		
[If checked choice 3 in Q3-12, GO to		lafwa kretyèn [] 06		
Q 3-16]		Kawopraktè [] 07		
,		Lòt kalite [] 08		
Q 3-14 Si lòt kalite fòm tretman yo	pa	Presize:		
Travay, eske ou eseye medsin oksic		MWEN PA KONNEN [] 98		
Wi [] 01 [Ale nan Q3-16]		MWEN REFIZE REPONN [] 99		
Non [] 02 [Ale nan Q3-16]		[If checked choice 3 in Q3-16		
MWEN PA KONNEN [] 98	3	Go to Q3-20]		
[Ale nan Q3-16]				
MWEN REFIZE REPONN		Q 3-18 Si lòt kalite fòm tretman yo		
[Ale nan Q3-16]		pa travay, eske ou eseye medsin		
[.m. mm 42 ze]		oksidantal?		
Q 3-15 Si medsin oksidantal la pa t	ravav.	Wi [] 01 [Ale nan Q3-20]		
Eske ou eseye lòt kalite fòm tretma		Non [] 02 [Ale nan Q3-20]		
Wi [] 01		MWEN PA KONNEN [] 98		
Non [] 02		[Ale nan Q3-20]		
MWEN PA KONNEN [] 98		MWEN REFIZE REPONN		
		[Ale nan Q3-20]		
MWEN REFIZE REPONN [] 99		[rite man do 10]		
O 2 16 Ou can dould non tou 2 ien	1011	Q 3-19 Si medsin oksidantal la pa		
Q 3-16 Ou gen doulè nan tou 2 jen Ou yo. Tank tan ap pase doulè a ap		travay, eske ou eseye lòt kalite fòm		
Ou yo. Tank tan ap pase doute a ap	tretman?			
Pi mal. Koulye a, ou pa ka mache	Wi [] 01			
Ou pa santi yon malèz, epi ou vin	Non [] 02			
Twouve I difisil pou al kote ou		MWEN PA KONNEN [] 98		
Bezwen. Eske ou itilize:		MWEN REFIZE REPONN [] 99		
Lòt kalite fòm tretman anvan [] 01		MI MEN KELISTE KELOMM [] >>		
Medsin oksidantal anvan [] 02				
[Ale nan Q3-19]	2			
Tou de alafwa [] 0				
Ni youn ni lòt [] 04 [Ale nan Q3-	20]			

Q 3-20 Diran dènye kèk mwa k pase	Q 3-23 Si medsin oksidantal la pa
Yo, ou kontinye pèdi pwa, apeti ou bese,	travay, eske ou eseye lòt kalite fòm
Epi souf ou vin kout. Ou panse ou kapab	tretman?
Gen kansè. Eske ou itilize:	Wi [] 01
	Non [] 02
Lòt kalite fòm tretman anvan [] 01	MWEN PA KONNEN [] 98
Medsin oksidantal anvan [] 02	
[Ale nan Q3-23]	MWEN REFIZE REPONN [] 99
Tou de alafwa [] 03	
Ni youn ni lòt [ ] 04	Q 3-24 Ou santi ou tris epi kò ou
[Ale nan Q3-24]	kraze. Ou sèlman santi ou ta kouche
MWEN PA KONNEN [] 98	lage kò ou san ou pa fè anyen.
[Ale nan Q3-24]	Kò kraze sa a vin pi mal tanzantan.
MWEN REFIZE REPONN [] 99	Eske ou itilize:
[Ale nan Q3-24]	Lòt kalite fòm tretman anvan [] 01
Q 3-21 Ki kalite lòt fòm tretman	Medsin oksidantal anvan [] 02
Ou itilize?	[Ale nan Q3-27]
Te, fèy oubyen remèd tradisyonèl	Tou de alafwa [] 03
	Ni youn ni lòt [] 04 [Ale nan Q3-28]
Nan kilti lakay ou [] 01	MWEN PA KONNEN [] 98
Yon "Shaman"/ougan/manbo [] 02	
Akiponktiris [] 03	[Ale nan Q3-28]
Famsaj [] 04	MWEN REFIZE REPONN [] 99
Mayetizè [] 05	[Ale nan Q3-28]
Tretman priyè ki repoze sou	
Lafwa kretyèn [] 06	Q 3-25 Ki lòt kalite fòm tretman ou
Lòt kalite [] 07	itilize?
Presize:	Te, fèy oubyen lòt remèd
MWEN PA KONNEN [] 98	tradisyonèl nan kilti lakay ou [] 01
MWEN REFIZE REPONN [] 99	Yon "Shaman"/ougan/manbo [] 02
	Akiponktiris [] 03
[IF CHECKED CHOICE 3 IN	Famsaj [] 04
Q3-20, GO TO Q3-24]	Mayetizè [] 05
Q5 20, G5 15 Q5 2.1	Tretman priyè ki repoze sou
	Lafwa kretyèn [] 06
O2 22 Si làt Iralita fàm tratman va	Lòt kalite [] 07
Q3-22 Si lòt kalite fòm tretman yo	Presize:
Pa travay, eske ou eseye medsin	MWEN PA KONNEN [] 98
Oksidantal?	<u> </u>
Wi [] 01 [Ale nan Q3-24]	MWEN REFIZE REPONN [] 99
Non [] 02 [Ale nan Q3-24]	570 1 1 1 1 1 0 1 0 0 0 0 1 C
MWEN PA KONNEN	[If checked choice 3 in Q 3-24, Go
[Ale nan Q3-24]	to Q 3-28]
MWEN REFIZE REPONN	Q 3-26 Si lòt kalite fòm tretman yo
[Ale nan Q3-24]	pa travay, eske ou eseye tretman
	medsin oksidantal?
	Wi [] 01 [Ale nan Q3-28]

# Q 3-26 (continued)

Non [] 02 [Ale	nan Q3-28]		
MWEN PA KON	NEN	[]	98
[Al	e nan Q3-28	3]	
MWEN REFIZE	REPONN	[]	99
[Al	e nan Q3-28	3]	
Q 3-27 Si medsin			a
Travay, eske ou e	seye lòt ka	lite	
Fòm tretman?			
Wi	[] 01		
Non	[] 02	2	
<b>MWEN PA KON</b>	NEN	[]	98
MWEN REFIZE	REPONN	[]	99

Nan kèk kesyon ki pi ba a, mwen pral mande ou pou konpare medsin oksidantal la avèk lòt kalite fòm tretman tradisyonèl ki genyen nan kilti lakay ou. Si ou panse pa genyen diferans ant yo de a oubyen si ou pa konnen diferans lan, tanpri fè m konnen sa tou.

	Medsin Oksidant al	Lòt kalite fòm tretm an	Pa gen Difer ans	Mwen pa Konnen	Mwen refize Reponn
Q 3-28 Eske li koute plis lajan pou itilize medsin oksidantal oubyen pou lòt kalite fòm tretman tradisyonèl nan kilti lakay ou yo?	01	02	03	98	99
Q 3-29 Ki lès ki pi konvenyan pou ou pou itilize?	01	02	03	98	99
Q 3-30 Avèk ki lès nan de kalite fòm tretman yo ou santi ou pi abitye?	01	02	03	98	99
Q 3-31 Nan ki lès ladan yo ou pi kwè?	01	02	03	98	99
Q 3-32 Ki lès nan metòd yo moun nan fanmi ou rekòmande pi souvan?	01	02	03	98	99
Q 3-33 Ki lès nan metòd yo ou itilize pi souvan?	01	02	03	98	99

# KATRIYEM SEKSYON: EKZAMEN POU KANSE NAN TETE

Koulye a mwen pral mande ou kèk kesyon sou tès ak ekzamen medikal yo fè pou fanm.

Q 4-1 Eske ou jamè tande pale sou kesyon Mamogram?

•	•	
	[] 01	
	[] 02	
ONNEN	[] 03	
E REPONN	[] 99	
		[] 02

(Kòm ou kapab konnen) yon mamogram se yon radyografi yo fè pou tete ou avèk yon machin ki peze tete a plat pou yo kapab tire yon pi bon foto tete a. Se pa tankou lè ou ap fè yon radyografi pou pwatrin ou tankou si ou fè nemoni. Radyografi sa a tire foto tete ou pou ede wè si ou pa gen kansè nan tete a.

Koulye a, mwen pral li kèk deklarasyon. Imajine se oumenm k ap fè deklarasyon sa yo pou tèt ou, epi di m si ou dakò oubyen si ou pa dakò avèk chak deklarasyon yo. [Read each statement and circle number for response.]

# [Circle Number for Response.]

	Mwen	Mwen pa	MWEN PA	Mwen refize
	dakò	dakò	KONNNEN	reponn
Q 4-2 Depi m ekzamine tete m pou	01	02	98	99
kò m, mwen pa bezwen mamogram				
Q 4-3 Mamogram yo fè mal anpil.	01	02	98	99
Q 4-4 Mamogram yo ekspoze ou	01	02	98	99
avèk twòp radyasyon.				
Q 4-5 Se yon eksperyans ki	01	02	98	99
anbarasan lè ou ap fè yon		1		
mamogram.				
Q 4-6 Mwen pè pou sa yon	01	02	98	99
mamogram kapab dekouvri.				
Q 4-7 Palefêt mwen gen pou m fê	01	02	98	99
yon mamogram, sa vle di m				
granmoun.				
Q 4-8 Ou sèlman bezwen yon	01	02	98	99
mamogram si ou gen sentom.				
Q 4-9 Ou sèlman bezwen yon	01	02	98	99
mamogram si ou gen yon fanmi ki				
te gen kansè nan tete.				
Q 4-10 Mwen pè konnen si m	01	02	98	99
bezwen operasyon.	<u>L</u>			<u> </u>

Q 4-11 Eske ou jamè fè yon mamogram?	Q 4-15 (continued) MWEN PA KONNEN [] 98
Wi [] 01	[Ale nan 4-21]
Non [] 02 [Ale nan Q4-32]	MWEN REFIZE REPONN [] 99
MWEN PA KONNEN [] 98	[Ale nan 4-21]
[Ale nan Q4-32]	[Ale nan 4-21]
MWEN REFIZE REPONN [] 98	O 4 16 Vanhvan tan sa ganvan dani
[Ale nan Q4-32]	Q 4-16 Konbyen tan sa genyen depi sa te rive? [Read Response
O 4 40 77' '11 I' land	
Q 4-12 Ki pi bon estimasyon ou kapab	Categories]
Fè sou laj ou te genyen premye fwa ou	Sa poko gen yon ane [] 01
Te fè yon mamogram?	Sa gen ant youn ak 3 ane [] 02
#Ane	Plis pase 3 ane [] 03 Jamè [] 04
MWEN PA KONNEN [] 98	MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99	MWEN PA KONNEN [] 99  MWEN REFIZE REPONN [] 99
0.440.77.1	WWEN KEFIZE KEFONN [] 99
Q 4-13 Konbyen mamogram ou fè	O 4 17 Edro ou to gonyon you
An tou pou tout vi ou?	Q 4-17 Eske ou te genyen yon
# [Ale nan 4-15]	randevou nan yon klinik paske
MWEN PA KONNEN/M PA SI [] 98	ou te fè yon mamogram ki pa t
MWEN REFIZE REPONN [] 99	nòmal?
O 4 4 4 (G'	Wi [] 01
Q 4-14 (Si ou Pa Konnen/Ou pa Si)	Non [] 02 [Ale nan Q 4-21]
Bon, eske ou sèten si ou te fè plis pase	MWEN PA KONNEN [ ] 98 [Ale nan Q4-21]
Yon sèl? Eske ou te fè yon sèl, oubyen	MWEN REFIZE REPONN
Plis pase yon sèl?	[Ale nan Q4-21]
Youn sèlman [] 01	[Aic nan Q4-21]
Plis pase youn [] 02	Q 4-18 Konbyen tan ou te rete tann
Mwen Pa Konnen/ M pa si [] 98	pou te jwenn yon randevou?
MWEN REFIZE REPONN [] 99	Mwens pase yon mwa [] 01
Est binit and anti-	Sa gen ant youn ak 3 mwa [] 02
Epi ki pi bon estimasyon ou kapab fè	Sa gen plis pase 3mwa, men
Sou ki kantite ou te fè antou diran Tout lavi ou?	Li poko gen 6 mwa [] 03
	Plis pase 6 mwa [] 04
#	MWEN PA KONNEN [] 98
MWEN PA KONNEN [] 98	[Ale nan Q 4-21]
MWEN REFIZE REPONN [] 99	MWEN REFIZE REPONN [] 99
0.44551	[Ale nan Q 4-21]
Q 4-15 Eske yon doktè, yon enfimyè	[Ale nan Q 4-21]
Oubyen yon lòt travayè sante pa jamè	O 4 10 Ealro ou to alo non randevou
Kontakte ou paske yon	Q 4-19 Eske ou te ale nan randevou
Mamogram ou te fè montre yon	sa a? Wi [] 01 [Ale nan Q 4-21]
Rezilta ki pa nòmal?	
Wi [] 01	Non [] 02
Non [] 02 [Ale nan 4-21]	MWEN PA KONNEN[] 98 [Ale nan Q 4-21]
	[Ale nan Q 4-21]

Q 4-19 (continued)	Q 4-22 (continued)
MWEN REFIZE REPONN [] 99	Sa fè pati yon ekzamen woutin
[Ale nan Q4-21]	oubyen tyekòp mwen [] 03
, ,	[Ale nan Q4-24]
Q 4-20 Si repons ou se non, pou ki rezon	Doktè m ki te konseye m [] 04
Ou pa t ale nan randevou a?	Enfimyè oubyen lòt pwofesyonèl
Mwen pa t gen transpòtasyon [] 01	sante ki te ba m konsèy [] 05
Yo te ranvwaye randevou a [] 02	Mwen te mande l poukont mwen
Mwen pa t gen tan	pa prekosyon [] 06
Mwen te twò okipe nan travay[] 03	[Ale nan Q4-24]
Li te koute twò chè [] 04	Lòt rezon [] 07 [Ale nan Q4-24]
Mwen te vle kenbe rezilta a	Presize:
Konfidansyèl [] 05	MWEN PA KONNEN [] 98
Mwen te pè diskite rezilta a [] 06	[Ale nan Q4-24]
Lòt rezon [] 07	MWEN REFIZE REPONN [] 99
Presize:	[Ale nan Q4-24]
MWEN PA KONNEN [] 98	[1210 2012 6 1 2 1]
MWEN REFIZE REPONN [] 99	[If check choice 4 or 5, go to Q4-23
MWEN KETZE KEI ONN [] 33	All OTHER ANSWERS, GO TO
Q 4-21 Ki dènye fwa ou te fè yon	4-24
Mamogram? [Read Response	
Categories]	Q 4-23 Eske ou konnen pou ki rezon
Sa genyen yon lane oubyen	doktè a te konseye ou pou fè
Mwens pase you ane [] 01	mamogram nan? Eske se paske doktè
Sa genyen ant youn ak 2 ane [] 02	a oubyen yon lòt pwofesyonèl sante
_ ·	te konsène paske te genyen yon
Sa gen ant 2 ak 3 ane [] 03 [Ale nan Q4-32]	pwoblèm oubyen yon bagay?
	Li te jwenn lè 1 t ap konsilte m [] 01
Sa gen plis pase 3 ane [] 04 [Ale nan Q4-32]	Se te pandan yon tyekòp regilye
Jamè [] 05 [Ale nan Q4-32]	paske tout fanm laj mwen dwe
MWEN PA KONNEN	fè mamogram regilyèman [] 02
	Mwen gen yon fanmi m ki te gen
MWEN PA SI[] 98 [Ale nan Q4-32]	kansè nan tete [] 03
MWEN REFIZE REPONN [] 99	You lot rezon [] 04
[Ale nan Q4-32]	Presize:
O 4 22 Wi regards to note ou al fa	MWEN PA KONNEN [] 98
Q 4-22 Ki rezon ki te pote ou al fè	MWEN REFIZE REPONN [] 99
Dènye mamogram ou te fè a?	WWDIVION IED TEX OTHER [] 33
[Read Response Categories]	
Poutet you pwoblem espesifik	
Mwen te gen nan tete m [] 01	
[Ale nan Q4-24]	
Pou m te kontinye suiv akoz yon	
Pwoblèm mwen te genyen nan	
Tete m. [] 02 [Ale nan Q 4-24]	

Q 4-24 Eske mamogram sa a te fèt Nan biwo yon doktè, nan yon klinik Oubyen nan yon santsante, nan yon Lopital, nan yon laboratwa radyografi, Yon laboratwa mobil nan yon "Van," Oubyen kèk lòt kote? Biwo doktè [] 01 Klinik/Santsante [] 02 Lopital [] 03 Laboratwa Radyografi[] 04 [] 05 Laboratwa mobil [] 06 Lòt Presize: MWEN PA KONNEN[] 98 MWEN REFIZE REPONN [] 99

Q 4-25 Kònsènan dènye mamogram

Ou te fè a, eske li te fè ou mal? Es ke li

# Te [Read Response Categories]

Fè mal anpil [] 01
Fè mal enpe [] 02
Fè mal tou piti [] 03
Li pa t fè mal, men
Li te fè m enkonfòtab [] 04
Li pa t ni fè mal, ni fè
M santi m enkonfòtab [] 05
MWEN PA KONENN [] 98
MWEN REFIZE REPONN [] 99

Epi kòman ou te santi ou konsènan eksperyans ou fè nan fè mamogram nan? Mwen pral li kèk deklarasyon. Imajine se oumenm k ap fè deklarasyon sa yo, apre sa di m si ou dakò oubyen pa dakò avèk chak nan yo. [Read each statement and circle number for

response.]

response.j	M dakò	M pa dakò	Mwen pa Konnen	Mwen refize reponn
Q 4-26 Kè m t ap sote pandan m te nan saldatant lan anvan m te fè mamogram nan.	01	02	98	99
Q 4-27 Moun ki te fè mamogram mwen an te prè pou asiste epi li te fè m santi m konfòtab.	01	02	98	99
Q 4-28Yon moun te nan biwo a pou reponn kesyon m yo oubyen pou ede m konprann sa k t ap pase	01	02	98	99
Q 4-29 Kè m t ap sote pandan m t ap tann rezilta mamogram nan.	01	02	98	99
Q 4-30 M ap gen pou m refè yon	01	02	98	99

lòt mamogram.				
Q 4-31 Lefêt mwen fê yon	01	02	98	99
mamogram, se yon bagay ki te fè				
m rejwenn konfyans.				

# [IF CHECKED CHOICE 1, 2 IN Q 4-21, SKIP Q 4-32]

Q 4-32 Ki rezon k te pi enpòtan ki f	Tè	Q 4-33 (continued)	
Ou te fè (pa t jamè fè/pa t fè yon	•	Lè l fè menopoz li	[] 05
Mamogram nan dènye ane k sot pas	Lòt laj	[] 06	
Mwen pa t jamè panse ak sa/	•	Presize	
Mwen pa t konnen m te dwe f è l	[] 01	MWEN PA KONNEN	[] 98
Mwen pa t bezwen l/Mwen pa t gen	1	MWEN REFIZE REPONN	[] 99
Okenn pwoblèm	[] 02		
Mwen te ranvwaye l/Parès	[] 03	Q 4-34 Nan dènye 2 zan yo,	eske
Li koute twò chè/		yon doktè pa t ekzamine tete	ou avèk
M pa gen asirans	[] 04	men l, pou doktè a wè si l pa	. santi
Doktè pa t rekòmande l	[] 05	boul oubyen lot kalite pwobl	lèm?
Mwen pa t ale kay doktè/		Wi	[] 01
Mwen pa renmen doktè	[] 06	Non	[] 02
Mwen pa t gen ase laj	[] 07	MWEN PA KONNEN	[] 98
Mwen pè radyasyon	[] 08	MWEN REFIZE	[] 99
Lòt kalite lapè/ki pa presize	[] 09		
Mwen pa t gen tan/Enkonvenyans	[] 10	Q 4-35 Epi nan dènye 2 zan	yo, eske
Mwen pa t konfòtab avèk li/		yon pwofesyonèl sante te dis	skiye
Anbarasman	[] 11	mamogram avèk ou?	
Mwen pa t jamè tande enfòmasyon		Wi	[] 01
Sou mamogram	[] 12	Non	[] 02
Pa t gen yon rezon patikilye	[] 13	MWEN PA KONNEN	[] 98
Lòt rezon	[] 14	MWEN REFIZE REPONN	[] 99
Presize			_
MWEN PA KONNEN	[] 98	Q4-36 Nan dènye 2 zan yo,	
MWEN REFIZE PALE	[] 99	yon pwofesyonèl sante te rel	còmande
		Pou fè yon mamogram?	F 3 A4
Q 4-33 Dapre oumenm, ak ki laj yo	on fanm	Wi	[] 01
Ta dwe kòmanse fè mamogram?		Non	[] 02
Ane		MWEN PA KONNEN	[] 98
Lè l kòmanse gen peryòd li	[] 01	MWEN REFIZE REPONN	[] 99
Lè l kòmanse fè pitit	[] 02		
Lè gen yon pwoblèm	[] 03		
Lè l kòmanse fè sèks	[] 04		

Q 4-37 Nan dènye 2 zan yo, eske ou	Q 4-40 (Continued)	
Te jamè aprann enfòmasyon sou	MWEN PA KONNEN	[] 98
Mamogram nan yon "workshop"	MWEN REFIZE REPONN	[] 99
Oubyen you prezantasyon ki pa t		
Gen rapò avèk biwo yon doktè oubyen	Q 4-41 Epi chak kilè ou ekzar	mine
Yon santsante? Pa ekzanp, yon	tete ou pou wè si pa gen boul?	
Prezantasyon nan yon santsante nan	[Probe for APPROX.]	-
· · · · · · · · · · · · · · · · · · ·	Plis pase yon fwa chak mwa	[] 01
Katye, yon sant pou moun aje, yon	A **	[] 02
Legliz, oubyen lakay yon moun?	3 fwa chak ane	
Wi [] 01		[] 03
Non [] 02 [ale nan 4-39]	2 fwa chak ane	
MWEN PA KONNEN [] 98	Yon fwa chak ane	[] 05
MWEN REFIZE REPONN [] 99	Jamè	[] 06
	Lòt	[] 07
Q 4-38 Eske ou te fê yon mamogram	presize	
Akoz yon prezantasyon oubyen yon	MWEN PA KONNEN	[] 98
"workshop" ou te suiv?	MWEN REFIZE REPONN	[] 99
Wi [] 01		
Non [ ] 02	•	
MWEN PA KONNEN [] 98		
MWEN REFIZE REPONN [] 99		
WWD TED TED OF THE [] >>		
Q 4-39 Eske ou konnen ki jan pou		
Ekzamine tete ou pou wè si l pa genyen		
Kèk boul la dan l?		
Wi [] 01		
Non [] 02 [Ale nan seksyon 5]		
MWEN REFIZE REPONN [] 99		
[Ale nan seksyon 5]		
Q 4-40 Ki sa ou panse ki ede ou plis		
Nan aprann ki jan pou ekzamine tete		
Ou pou kont ou?		
Mwen aprann nan men yon doktè/		
Enfimyè/pwofesyonèl sante [] 01		
Mwen aprann nan men yon		
Volontè oubyen yon moun ki		
Pran chaj pou l gide lòt moun [] 02		
Mwen aprann nan yon liv/		
Livrè [] 03		
Mwen aprann nan bouch yon		
Zanmi/fanmi/vwazen [] 04		
Mwen aprann nan yon videyo[] 05		
Lòt kote [] 06		
F1 00		

Presize\_

Q 4-41 Epi chak kilè ou ekza tete ou pou wè si pa gen boul		ıc
[Probe for APPROX.]		
Plis pase yon fwa chak mwa	[]	01
Yon fwa chak mwa	[]	02
3 fwa chak ane	[]	03
2 fwa chak ane	[]	04
Yon fwa chak ane	[]	05
Jamè	[]	06
Lòt	[]	07
presize		
MWEN PA KONNEN	[]	98
MWEN REFIZE REPONN	[]	99

# 5 èm SEKSYON: KWAYANS AK ATITID SOU KANSE NAN TETE

Koulye a mwen pral mande ou opinyon ou sou kèk bagay. Mwen pral li kèk deklarasyon. Imajine se oumenm k ap fè deklarasyon sa yo pou kò ou epi di m si ou dakò oubyen pa dakò avèk chak nan deklarasyon yo.

	M dakò	M pa dakò	M pa konnen	M refize reponn
Q 5-1 Mwen twouve l anbarasan pou yon doktè gason ap ekzamine tete m.	01	02	98	99
Q 5-2 Mwen twouve l anbarasan pou yon doktè fanm ap ekzamine tete m.	01	02	98	99
Q 5-3 Si doktè yo dekouvri kansè, nenpôt jan pa gen anyen yo kapab fè.	01	02	98	99
Q 5-4 Si m ta gen kansè, m ta prefere pa konn sa.	01	02	98	99
Q 5-5 Genyen kansè se yon kondanasyon lanmò pou laplipa moun.	01	02	98	99
Q 5-6 Si yon moun gen kansè nan tete, sèl sa ki ka fèt se koupe tete a.	01	02	98	99
Q 5-7 Mwen panse y ap jwenn yon gerizon pou kansè.	01	02	98	99
Q 5-8 Si plis moun te al tyeke kay doktè regilyèman, t ap genyen mwens moun ki mouri ayèk kansè.	01	02	98	99
Q 5-9 Mamografi kapab detekte kansè avan mwenmenm oubyen doktè m rive santi yon boul nan tete a.	01	02	98	99
Q 5-10 Puiske pèsòn pa konnen sa ki koze kansè, pa genyen vrèman anyen ki kapab fèt pou li.	01	02	98	99
Q 5-11 Moun kapab redui ris pou yo gen kansè si yo kenbe tèt yo an sante.	01	02	98	99
Q 5-12 Si yon moun gen kansè, se sèlman destine li, pa gen anyen ou kapab fè pou sa.	01	02	98	99

Q 5-13 Eske ou vle eksplike nan pwòp Langaj pa ou ki sa ou panse kansè ye?	Q 5-14 Ki kalite manje ou panse ki Koze kansè? [Record Exact
[Record Exact Response]	Response]

Q 5-15 Ki sa ou panse ki koze kansè?		
[Record Exact Response]		
Q 5-16 Ki sa ou panse ki ta kapab geri kar [Record Exact Response]	nsè?	

SIZYEM SEKSYON: "PAP SMEAR"	Q 6-5 (continued)
Q 6-1 Eske ou jamè tande pale sou "PAP	MWEN PA KONNEN [] 98
SMEAR"?	MWEN REFIZE REPONN [] 99
Wi [] 01	
Non [] 02	Q 6-6 Eske ou te jamè refize yon
MWEN PA KONNEN [] 98	"PAP SMEAR"lè doktè/pwofesyonèl
MWEN REFIZE REPONN [] 99	sante ou te ofri ou pou fè 1?
MWEN REFIZE REPONN [] 33	Wi [] 01
L' D. C' 4)- "DAD CMEAD"	Non [] 02 [Ale nan Q 6-8]
Lè Pou fè yon tès "PAP SMEAR"	MWEN PA KONNNEN [] 98
Enfimyè a oubyen doktè a foure yon	
Enstriman nan bouboun ou epi l ap	[Ale nan Q 6-8]
Pran yon echantiyon nan selil ki nan	MWEN REFIZE REPONN [] 99
Kòl matris ou yo andedan bouboun	[Ale nan Q 6-8]
Nan avèk yon aplikatè. Yon tès	
"PAP SMEAR" kapab detekte	Q 6-7 Pou ki sa ou te chwazi pou
kansè nan kòl matris depi lè l fèk	pa t fè tès la? [Record Exact
parèt.	RESPONSE]
F	
Q 6-2 Eske ou jamè fè yon "Pap Smear"?  Wi [] 01  Non [] 02 [Ale nan Q6-6]  MWEN PA KONNEN [] 98  [Ale nan Q6-6]  MWEN REFIZE REPONN [] 99  [Ale nan Q6-6]	
Q 6-3 Ki pi bon estimasyon ou kapab	
Bay sou laj ou te genyen lè ou te fè	
Premye "PAP SMEAR" ou?	
ANE	
MWEN PA KONNEN [] 98	
MWEN REFIZE REPONN [] 99	
Q 6-4 Konbyen "PAP SMEAR" ou	<b>Q</b> 6-8 Eske yon doktè, yon enfimyè
Fè pandan tout vi ou?	oubyen lôt pwofesyonel sante jame
#	kontakte ou paske rezilta yon "PAP
MWEN PA KONNEN/PA SI[] 98	SMEAR" ou te fè pa t nòmal?
MWEN REFIZE REPONN [] 99	Wi [] 01
<b>2.</b>	Non [] 02 [Ale nan seksyon 7]
Q 6-5 Ki dènye fwa ou te fè yon	MWEN PA KONNEN [] 98
"PAP SMEAR"?	[Ale nan Seksyon7]
Sa genyen yon ane [] 01	MWEN REFIZE REPONN [] 99
Sa genyen ant youn ak 2 ane [] 02	[Ale nan seksyon 7]
Ant 2 ak 3 ane [] 03	france many and an old
Plis pase 3 zan [] 04	
Jamè [] 05	

Q 6-9 Konbyen tan sa genyen?  Mwens pase yon ane [] 01  Ant youn ak 3 zan [] 02  Plis pase 3 zan [] 03  Jamè [] 04  MWEN PA KONNEN [] 98  MWEN REFIZE REPONN [] 99	Q 6-13 (continued) Mwen te pè diskite rezilta a Lòt rezon Presize MWEN PA KONNEN MWEN REFIZE REPONN	[] 06 [] 07 - [] 98 [] 99
Q 6-10 Eske ou te genyen randevou Nan yon klinik paske ou te fè yon "PAP SMEAR" ki pa t nòmal? Wi [] 01 Non [] 02 [Ale nan Seksyon 7] MWEN PA KONNEN [] 98 [Ale nan Seksyon 7] MWEN REFIZE REPONN [] 99 [Ale nan seksyon 7]		
Q 6-11 Konbyen tan sa te pran pou Te jwenn yon randevou? Mwens pase yon mwa [] 01 Sa te pran ant youn ak 3 mwa[] 02 Sa te pran plis pase 3 mwa, Men mwens pase 6 mwa [] 03 Plis pase 6 mwa [] 04 MWEN PA KONNEN [] 98 MWEN REFIZE REPONN [] 99		
Q 6-12 Eske ou te ale nan randevou a?  Wi [] 01[Ale nan SEKSYON7]  Non [] 02  MWEN PA KONNEN [] 98  [Ale nan Seksyon 7]  MWEN REFIZE REPONN [] 99  [Ale nan Seksyon 7]		
Q 6-13 Si se non, pou ki rezon ou pa t Ale nan randevou a?  Mwen pa t gen transpòtasyon [] 01 Dat la te chanje [] 02  Mwen pa t gen tan  (Twò okipe nan travay mwen)[] 03 Li te koute twò chè [] 04  Mwen te vle pou rezilta a rete  Konfidansyèl [] 05  Breast Cancer Questionnaire		

# **SEKSYON 7: Akiltirasyon ak Atitid**

# [For native English Speakers and other non-Creole speakers, go to Q 7-14]

Koulye a mwen ta renmen mande ou kèk kesyon sou ki lang ou pale nan diferan sitiyasyon. Avèk [Read Q 7-1] eske ou ta di ou itilize Angle sèlman, Angle sitou, Kreyòl ak Angle, Kreyòl prensipalman, Kreyòl sèlman, Franse sèlman, Franse prensipalman, oubyen Franse ak Kreyòl? [Repeat for All]

	Ang le Sèl man	Angle prens ipal man	Kre yòl/ Ang le	Kre yòl Sèl man	Kreyòl Prensi pal man	Kreyòl / Franse	Fra nse sèlm an	Franse Prensi pal man	Frans e/ Angle	Youn Pa aplika b	M pa konn en	M Refize reponn
Q 7-1 Mari ou oubyen "boyfriend" ou,patnè ou	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-2 Yon fanmi pwòch ou	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-3 Pitit ou oubyen timoun k ap viv andedan kay ou	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-4 Laplipa vwazen ou yo	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-5 Laplipa moun k ap travay ansanm avèk ou	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-6 Laplipa nan moun kote ou abitye al achte yo	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-7 Nan reyinyon fanmi tankou Nwèl ak lòt fèt	01	02	03	04	05	06	07	08	09	10	98	99
Q 7-8 Laplipa nan zanmi ou yo	01	02	03	04	05	06	07	08	09	10	98	99

<b>Q</b> 7-9 Lè ou ap	gade Televizyon	Q 7-10 (contin	ued)			
Eske pwogram y		Pafwa	[] 03			
[Read Response		Jamè	[] 04			
Angle	[] 01	MWEN PA KO	ONNEN [] 98			
Kreyòl	[] 02	MWEN REFIZ	E REPONN[] 99			
Franse	[] 03					
Lòt lang	[] 04	<b>Q 7-1</b> 1 Lè ou a	p tande radyo, eske			
Presize		pwogram yo do	dinè an [Read			
Mwen pa gade/p	oa gen TV [] 05	Response Categories]				
MWEN PA KO		Angle	[] 01			
	E REPONN [] 99	Kreyòl	[] 02			
		Franse	[] 03			
<b>O</b> 7-10 Lè pou a	chte manje, eske	Lòt lang	[] 04			
	ik ki vann pwodui	Presize:				
Ayisyen/Karayibeyen? [Read		Mwen pa tande/pa genyen				
Response Categ	•	radyo	[] 05			
Toutan	[] 01	MWEN PA KONNEN [] 98				
Laplipa ditan	[] 02	MWEN REFIZ	ZE REPONN [] 99			
Breast Cancer Quest	ionnaire					

Q 7 12 Lè ou ap li, revi, oubyen jounal
Eske dòdinè yo an [Read Response
Categories]
Angle [] 01
Kreyòl [] 02
Franse [] 03
Lòt lang [] 04
Presize
Mwen pa konn li [] 05
MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99
Q 7-13 Nan ki nivo li enpòtan pou ou
Pou sèvis nan legliz ou fêt nan lang
Matènèl ou?
[READ RESPONSE CATEGORIES
Trè zenpòtan [] 01
Yon ti jan enpòtan [] 02
Sa pa trè zenpòtan pou mwen [] 03
Sa pa enpòtan ditou [] 04
MWEN PA KONNEN [] 98
MWEN REFIZE REPONN [] 99

Pi devan an, ou te di m ou idantifye tèt ou avèk (country). Koulye a mwen pral mande ou opinyon ou sou kèk aspè nan jan fanmi viv, kèk nan aspè yo gen pou wè avèk jan ou santi ou lè ou ap panse sou (country). Mwen pral li kèk deklarasyon pou ou. Pou chak deklarasyon, tanpri di m si ou dakò avèk tout fòs ou; ou dakò enpe; ou pa dakò avèk tout

fòs ou: ou pa dakò enpe. Eske ou pare?

fos ou; ou pa dako enpe. Eske	Dakò avèk	Dakò	M pa dakò	M pa	Li pa	Mwen
	tout	enpe	Avèk tout	dakò	konsène	refize
	Fòs mwen	1	fòs mwen	enpe	m	reponn
Q 7-14 Li enpòtan pou pitit mwen yo konnen listwa (country)	01	02	03	04	05	99
Q 7-15 Li enpòtan pou pitit (oubyen ti fanmi m) suiv koutim ak manyè peyi m	01	02	03	04	05	99
Q 7-16 Li enpòtan pou pitit mwen ak (ti fanmi m) selebre fèt peyi m	01	02	03	04	05	99
Q 7-17 Chèche konnen kot zansèt mwen yo sòti, ki se trase pye bwa fanmi mwen, se yon aspè enpòtan nan lavi yon fanmi	01	02	03	04	05	99
Q 7-18 Li enpòtan pou m konnen kouzen m yo, matant mwen ak tonton m yo pou m ka genyen yon bon relasyon avèk yo	01	02	03	04	05	99
Q 7-19 Yon moun dwe sonje fanmi ki mouri nan dat yo te mouri a, oubyen nan lòt okazyon espesyal	01	02	03	04	05	99
Q 7-20 Frè gen obligasyon pou pwoteje sè yo pandan y ap grandi	01	02	03	04	05	99
Q 7-21 Pandan y ap grandi, sè gen obligasyon pou yo respekte otorite frè yo	01	02	03	04	05	99
Q 7-22 Pandan y ap grandi, frè gen obligasyon pou respekte otorite sè yo	01	02	03	04	05	99
Q 7-23 Si yo te kapab viv nenpòt kote yo vle, pitit ki marye ta dwe viv tou pre fanmi yo pou youn kapab ede lòt	01	02	03	04	05	99

Q 7-24 Kote ki moun ou ta a Ou ta bezwen prete lajan?	le si	Koulye a mwen pral mande of Kesyon sou zanmi ou ak asos	
Fanmi m Frè m/ sè m	[] 01 [] 02	Q 7-25 Diran tan ou fè ap viv kòm granmoun, eske vwazen ou yo se plis	
Labank Zanmi Lòt moun	[] 03 [] 04 [] 05	moun ki sòti nan (country), oubyen anviwon yon kantite ki egal ni pou sa ki sòti (country), ni etranje?	
Presize  MWEN PA KONNEN  MWEN REFIZE REPONN	[] 98	Prensipalman(country) Preske egal Prensipalman etranje	[] 01 [] 02 [] 03

Q 7-25 (continued) MWEN PA KONNEN [] MWEN REFIZE REPONN []				
Q 7-26 Diran tout tan ou pase ap Kòm granmoun, eske zanmi pèso Ou yo, se plis moun ki sòti nan (country), oubyen yon kantite ki ni (country), ni etranje? Prensipalman {country}	onèl egal			
Prensipalman etranje [] MWEN PA KONNEN []	02 03 98 99			
UITYEM SEKSYON: ITILIZA	ASYON	ALKOL	7 7 7 7 7	
Kesyon k ap vini la yo gen rapò d	ivèk fas	on ou itilize	e bwason ki gen alkôl dîran an	le k sot
pase a. Yon "drink" vle di yon n cooler" (explain), oubyen yon vè	namii o kalad	ubyen yon o oubven von	ti vê wêm ouhven wiski von v	vine vè
kremas, ak kleren.	noniei	oubyen yon	ti ve wom oudgen wishin, you	C
Memus, un meren.				
Q 8-1 Chak kilè ou bwè yon bag	ay		Q 8-3 Chak kilè ou bwè 6 ou	byen
Ki gen alkòl?			Plis pase 6 "drink" nan yon g	renn
4 oubyen plis fwa chak semèn	[]	01	okazyon?	
Ant 2 ak 3 fwa chak semèn	[]	02	Chak jou oubyen preske	
Ant 2 ak 4 fwa chak mwa	[]	03	chak jou	[] 01
Yon fwa chak mwa	[]	04	Yon fwa chak semèn	[] 02
Ant 2 ak 4 fwa chak ane	[]	05	Yon fwa chak mwa	[] 03
Jamè [] 06 [Ale nan seksyon	9]		Mwens pase yon fwa	
MWEN PA KONNEN	[]	98	chak mwa	[] 04
MWEN REFIZE REPONN	[]	99	Jamè	[] 05
			MWEN PA KONNEN	[] 98
Q 8-2 Nan yon jounen nòmal lè	ou ap		MWEN REFIZE REPONN	[] 99
Bwè, konbyen "DRINK"				
Ou bwè Ki gen alkòl?			Q 8-4 Konbyen fwa sa rive n	an ane
Plis pase 10	[]	01	ki sot pase a ou te remake ou	te
Ant 7 ak 9	[]	02	kòmanse bwè epi ou pa t kap	ab rete?
Ant 5 ak 6	[]	03	Chak jou oubyen preske	
Ant 3 ak 4	[]	04	chak jou	[] 01
Ant youn ak 2	[]	05	Yon fwa chak semèn	[] 02
MWEN PA KONNEN	[]	98	Yon fwa chak mwa	[] 03
MWEN REFIZE REPONN	[]	99	Mwens pase yon fwa lemwa	
			Jamè	[] 05
			MWEN PA KONNEN	[] 98
			MWEN REFIZE REPONN	[] 99

Q 8-5 Chak kilè diran ane k sot Pase a ou pa t kapab fè aktivite		Q 8-9 Eske sa te rive pou ou oubyen yon lòt moun te bles	
Nòmal ou paske ou te bwè? Chak jou oubyen preske chak jou Yon fwa chak semèn	[] 01 [] 02	Ofanse paske ou te bwè? Wi, diran ane ki sot pase a Wi, men se pa t nan ane ki	[] 01
Yon fwa chak mwa	[] 03	sot pase a	[] 02
Mwens pase yon fwa chak mwa	[] 04	Non	[] 03
Jamè	[] 05	MWEN PA KONNEN	[] 98
MWEN PA KONNEN	[] 98	MWEN REFIZE REPONN	[] 99
MWEN REFIZE REPONN	[] 99	Q 8-10 Eske ou te genyen yo	on fanmi
Q 8-6 Konbyen fwa sa rive diran an	ie ki	oubyen zanmi, oubyen yon d	
Sot pase a ou te bezwen yon vè bwa		oubyen yon pwofesyonèl sar	
Gen alkòl pou derape jounen ou apr		konsène sou fason ou bwè or	ubyen ki
Fin pase yon bon bout tan ap bwè?		Te sikjere pou diminye sou a	alkòl?
Chak jou oubyen preske chak jou	[] 01	Wi, diran ane ki sot pase a	[] 01
Yon fwa chak semèn	[] 02	Wi, men se pa t nan ane ki	C 7 . O O
Yon fwa chak mwa	[] 03	sot pase a	[] 02 [] 03
Mwens pase yon fwa chak mwa	[] 04 [] 05	Non MWEN PA KONNEN	[] 98
Jamè MWEN PA KONNEN	[] 98	MWEN REFIZE REPONN	[] 99
MWEN FA KONNEN MWEN REFIZE REPONN	[] 99	WIWEIVICEI EEE REFORM	[] >>
WWEN REFIZE REFORM			
Q 8-7 Konbyen fwa sa te rive diran	ane ki		
Sot pase a ou te santi ou koupab out			
Ou gen remò apre ou te fin bwè?	•		
Chak jou oubyen preske chak jou	[] 01		
Yon fwa chak semèn	[] 02		
Yon fwa chak mwa	[] 03		
Mwens pase yon fwa chak mwa Jamè	[] 04 [] 05		
MWEN PA KONNEN	[] 98		
MWEN REFIZE REPONN	[] 99		
Q 8-8 Chak kilè diran ane ki sot pas			
Ou pa t kapab sonje sa k te pase nan	nun		
Avan an paske ou t ap bwè? Chak jou oubyen preske chak jou	[] 01		
Yon fwa chak semèn	[]02		
Yon fwa chak semen Yon fwa chak mwa	[] 03		
Mwens pase yon fwa chak mwa	[] 04		
Jamè	[] 05		
MWEN PA KONNEN	[] 98		
MWEN REFIZE REPONN	[] 99		

# NEVYEM SEKSYON: <u>VYOLANS SOU YON PATNE ENTIM</u>

Koulye a, mwen pral mande ou kèk kesyon sou bagay ou kapab genyen nan relasyon ou avèk lòt moun. Tanpri, eseye reponn kesyon yo nan pi bon fason posib ou kapab. Relasyon entim genyen relasyon avèk mari ou, mennaj ou ak/oubyen fiyanse ou.

Q 9-1 Eske ou jamè genyen	yon relasyon?	Q 9-6 Eske patnè ou la atake	ou lè 1
Wi [] 01		sou efè dwòg?	
Non [] 02 Ale nan SEKS	SYON 10]	Jamè	[] 01
MWEN PA KONNEN	[] 98	Nan kèk okazyon	[] 02
MWEN REFIZE REPONN	[] 99	Nan anpil okazyon	[] 03
		Toutan	[] 04
Q 9-2 Eske ou jamè genyen	yon	MWEN PA KONNEN	[] 98
Relasyon kote patnè ou lan p		MWEN REFIZE REPONN	[] 99
Oubyen souflete ou?			
Wi	[] 01	Q 9-7 Eske ou jamè genyen	yon
Non	[] 02	patnè ki bwè?	
MWEN PA KONNEN	[] 98	Wi	[]01
MWEN REFIZE REPONN	[]99	Non [] 02 [Ale nan seksy	on 10]
WINDER TEST TEST OF THE	[]	MWEN PA KONNEN	[] 98
Q 9-3 Eske ou jamè genyen	von	[Ale nan seks	syon 10]
Relasyon kote patnè ou lan r		MWEN REFIZE REPONN	[] 99
Ou avèk vyolans?		[Ale nan sek	syon 10]
Wi	[] 01	•	
Non	[] 02	Q 9-8 Eske patnè ou la atake	ou lè li
MWEN PA KONNEN	[] 98	bwè?	
MWEN REFIZE REPONN	[] 99	Jamè	[] 01
WWEN REPIZE REPORT	[] >>	Nan kèk okazyon	[] 02
Q 9-4 Eske ou jamè genyen	von	Nan anpil okazyon	[] 03
Relasyon kote patnè ou lan v		Toutan	[] 04
Kraze oubyen bay bagay ko	_	MWEN PA KONNEN	[] 98
• • •	F 7 04	MWEN REFIZE REPONN	[] 99
Wi	[] 01 [] 02	WWW. Colors	[]
Non	[] 98		
MWEN PA KONNEN	LJ		
MWEN REFIZE REPONN	[] 99		
0.0551			
Q 9-5 Eske ou jamè genyen			
Relasyon avèk yon patnè ki	nan		
Pran dwòg?	Γ1 01		
Wi	[] 01		
Non [] 02 [Ale nan Q 9-			
	MWEN PA KONNEN [] 98		
	[Ale nan Q 9-7]		
MWEN REFIZE REPONN			
[Ale nan Q 9	<b>!-</b> '/]		

# DIZYEM SEKSYON: ESTATI SOSYAL, ESTATI EKONOMIK, AK DEMOGRAFI

Koulye a nou preske fini. Mwen sèlman genyen kèk kesyon ki konsène oumenm, yon fason pou nou kapab konnen kèk enfòmasyon sou moun ki ede nou yo avèk enfòmasyon yo ba nou.

Q 10-1 Toudabò, nan ki klas ou te	MWEN PA KONNEN	[] 98	
Rive nan lekòl? [Probe to clarify	MWEN REFIZE REPONN	[] 99	
Exact grade if necessary; Circle			
The Answer]	Q 10-4 Eske ou te travay nan dèn	ye 3 ane ki	
Mwen pa t al lekòl 0	sot pase yo?		
Lekòl Primè 1 2 3 4 5 6	Wi [] 01		
7 8 9 10 11 12	Non [] 02 [Ale nan Q	10-6]	
Inivèsite 13 14 15 16	MWEN PA KONNEN[ ]98 [Ale 1		
17+	MWEN REFIZE REPONN[] 99	)	
MWEN PA KONNEN [] 98	[Ale nan (	<b>Q</b> 10-6]	
MWEN REFIZE REPONN [] 99			
	Q 10-5 Ki kalite travay ou ap [t a		
Q 10-2 Eske koulye a ou [Read	Pa ekzanp kontab, anplwaye ki ol		
Response Categories]	kesyon "stock", sekretè, anplway		
Marye [] 01	èd enfimyè, elatriye? [Record Exact		
Ap viv ansanm avèk mennaj	Response]		
Ou / patnè ou [] 02			
Selibatè / pa janm marye [] 03			
Divose [] 04	0.40 (7)		
Mari ou / madanm ou mouri [] 05	Q 10-6 Eske ou genyen okenn as:	irans sante	
MWEN PA KONNEN [] 98	Wi [] 01	T O 10 01	
MWEN REFIZE REPONN [] 99	Non [] 02 [ALE NAM	1 Q 10-8]	
	MWEN PA KONNEN [] 98		
Q 10-3 Eske koulye a ou [Read Res	[Ale nan Q 10-8]	n	
Ponse Categories]	MWEN REFIZE REPONN [] 9	9	
Ap travay 40èd tan [] 01	[Ale nan Q 10-8]		
[Ale nan 10-5]	O10 7 Williamon Irolita agirang gr	nto ki ni ho	
Ap travay mwens pase	Q10-7 Ki lès nan kalite asirans sa	***	
40 èd tan [] 02 [Ale nan 10-5]	yo ou genyen? [Read kinds of In	isui ance-	
Pa p travay /ap chèche	check all that apply]		
Travay [] 03	66 Andinomo??	[] 01	
Retrete [] 04	"Medicare" "Medicare" "Medicare" "Medicare"		
Envalid [] 05	"Medicaid" oubyen "Mass Health Boston Health Net"	[] 02	
Deside rete lakay ou	Asirans prive (HMO oubyen plan		
Pou pa chèche travay [] 06	sante tankou "Neighborhood Hea		
Se yon etidyan ki ale	plan, Tufts Community Health Pl		
Lekòl sèlman, ki pa p	HMO Blue, etc.)	[] 03	
Chèche travay [] 07	Asirans prive ki sèlman kouvri gy		
Ta renmen travay, men	depans ki fêt pou maladi	[] 04	
Ou dekouraje chèche paske ou pa ka jwennn travay [ ] 08	depuis Ki for pou maiadi	[] 0,	
ou pa ka jwomin navay [ ] oo			

Q 10-7 (continued)		Q10-10 (continued)	
		Vodou	[] 08
Lòt kalite	[] 05	Lòt relijyon	[] 09
Presize		Presize:	
MWEN PA KONNEN	[] 98	Pa gen relijyon	[] 10
MWEN REFIZE REPONN	[] 99	MWEN PA KONNEN	[] 98
		MWEN REFIZE REPONN	[] 99
[If checked choice 1 in Q 1	0-6,		
Skip to Q 10-9]	•	Q 10-11 Konbyen moun k ap	o viv
		Lakay ou ansanm avèk ou? [	
Q 10-8 Eske ou kalifye pou	resevwa	person living alone, enter	1'; for
Swen gratis nan yon santsan		person living with one othe	
Kominotè oubyen yon klinik		person, enter '2', etc]	
Lopital?	,	• ,	
Wi	[] 01	# Moun	
Non	[] 02	MWEN PA KONNEN	[] 98
MWEN PA KONNEN	[ ] 98	MWEN REFIZE REPONN	[] 99
MWEN REFIZE REPONN	[] 99		
111,121,122,222	[]	Q 10-12 Nan ki ane ou te fêt	?
Q 10-9 Dapre tout sa ou kon	nen, eske	Ane: 19	
Asirans ou a peye pou mamo		MWEN PA KONNEN	[] 98
Eske li peye tout kòb la pou	<del></del>	MWEN REFIZE REPONN	[] 99
Mamogram, oubyen sèlman	-		
Pòsyon nan kòb la, oubyen l		<b>Q 10-13</b> Ki laj ou?	
Ditou pou mamogram?		Laj:	
Asirans lan peye tout kòb la	[] 01	MWEN PA KONNEN	[] 98
Asirans lan peye yon pòsyon		MWEN REFIZE REPONN	[] 99
Asirans lan pa peye ditou po			
Mamogram	[] 03	Q 10-14 Konbyen kòb antou	ı tout
MWEN PA KONNEN	[] 98	moun ki ap viv lakay ou te fê	pou
MWEN REFIZE REPONN	[] 99	ane 1999 la? Mwen pa bezw	en
		Konnen ki vale ekzakteman.	Eske
Q 10-10 Ki relijyon ou? Esk	e se	se te [read Response Catego	ories]
Katolik, Pantkotis, Pwotesta		Mwens pase \$5,000	[] 01
Temwen Jewova, Advantis 7		[Ale nan fen	an}
Vodou, kèk lòt relijyon, oub		\$5000 oubyen plis pase sa	
Pa gen relijyon?	,	Men mwens pase \$10,000	[] 02
Katolik ·	[] 01	[Ale na fen a	n]
Pantkotis	[] 02	\$10,000 oubyen plis, men m	wens
Pwotestan(Metodis, Literyen		pase 20,000 [ ] 03 [ Ale nan	fen an]
Presbiteryen)	[] 03	\$ 20,000 oubyen plis, men m	
		pase 30,000[ ]04 [Ale nan fe	
Batis	[] 04	pase 50,000[ ]04 [Ale nan le	
• •	[] 04	\$30,000 oubyen plis, men m	
Batis	[] 05	<u> </u>	wens
Batis Moslèm	LJ	\$30,000 oubyen plis, men m	wens

Breast Cancer Questionnaire
Q 10-14 (continued) \$40,000 oubyen plis, men mwens pase 50,000[] 06 [Ale nan Fen an] \$50,000 oubyen plis, men mwens pase 75,000[] 07 [Ale nan fen an] \$75,000 oubyen plis [] 08
<b>Finisman:</b> Mèsi poutèt ou te ede m. Li pwobab pou sipèvizè m nan ka vle asire l tout bagay te pase trè byen avèk entèvyou sa a. Eske mwen kapab gen nimewo telefòn ou pou si toutfwa li ta vle rele ou?
Telefòn
<ul><li>Bay Materyèl pou edikasyon</li><li>Reponn tout kesyon</li></ul>
Epi tou, si ou ta renmen gen plis enfòmasyon sou kansè nan tete, ou gen dwa rele li. Li rele Linda Ko. Ou kapab jwenn li nan (617) 414-6919.
[Remember to record all of the necessary information on the tracking form and on the questionnaire.]
Eske ou ta renmen wè rezilta etid sa a?
Wi [] Non []
Do the tracking numbers on tracking form and questionnaire match.
Mèsi!

••

# APPENDIX 2

# HAITIAN BREAST CANCER BELIEFS STUDY INTERVIEWER TRAINING CURRICULUM

#### **SESSION 1:**

### I. INTRODUCTION TO THE PROJECT

- A. Welcome and introductions
  - 1. Dr. David, Principle Investigator
  - 2. HHI history and purpose
  - 3. Haitian Breast and Cervical Beliefs study
- B. Research Ethics
  - 1. Confidentiality and protection of subjects
  - 2. The rights of subjects
  - 3. Why people should participate: benefits to themselves and to their community
- C. Your role

Questions on description of working conditions, ground rules, rights and responsibilities of project personnel

## II. SECURING INTERVIEWS

- A. The importance of response rate
- B. Enlisting Cooperation
  - 1. Initial contacts
  - 2. Follow-up contacts
  - 3. Responding to initial refusals
  - 4. Converting refusals: knowing when to 'push' and when not to push

#### III. INTERVIEWING BASICS

- A. Personal opinions of what interviewing is (from audience)
- B. Perceived challenges and previous experiences.
- C. Discussion

Expectations of self and respondent.

#### **SESSION II:**

#### I. THE ROLE OF THE INTERVIEWER

- A. Getting into the role-MOVIE- Part I
  - 1. Self discipline
  - 2. Self restrain
  - 3. The reporter role
- B. Dealing with the Questionnaire-MOVIE-Part II
  - 1. The cover plate-- ID number placement
- 2. Typographical conventions in the instrument
  - 3. Recording responses
    - a. how to record responses
    - b. acceptable vs. non acceptable answers

- 4. Example of our own questions
- 5. Discussion
- C. Techniques to get good answers-MOVIE-Part III
  - 1. Bias
    - a. style
    - b. non-verbal bias
    - c. verbal bias
  - 2. Probing
    - a. pausing
    - b. re-reading the question
    - c. asking for more information
    - d. stressing generality
    - e. stressing subjectivity
    - f. zeroing in
  - 3. Discussion

# SESSION III: INTERVIEWING THE FRAIL ELDERLY

- A. When to stop an interview
- B. Questions and Discussion

## **SESSION IV: PRACTICE**

- A. Role playing and interviewing off field
- B. Questions and discussion
- C. Interviewing on the field
- D. Questions and discussion

# RESEARCH ETHICS

- I. Past experiences shape present views on scientific research
  - A. Members of minority groups have been taken advantaged of
    - 1. Research deliberately harmed subjects
    - 2. Research allowed harm to happen to subjects i.e. Tuskegee Experiment
  - B. Human Subjects Review Board
    - 1. Created to protect subjects involved in research studies
    - 2. Interested in the ethics of the study
    - 3. Composed of a committee that discusses all plans and procedures for the study to certify that they respect rights of respondents.
- II. Our standards of ethics with HBCCS at the Haitian Health Institute
  - A. Study results to have direct impact on the Haitian community
    - 1. Improve health care
    - 2. Improve public health programs
  - B. Respondent Rights
    - 1. Right to informed consent. Interviewers are required to expressly inform a potential respondent the purpose of the study, the procedures that will be followed, the discomforts, risks, and the benefits of participating or not participating. This can be presented either orally or in writing so that the individual can base his/her decision to participate or to not participate in full knowledge of the study and the consequences of involvement.
    - 2. Right of refuse. Respondents have the right to refuse to participate in the study or the right to refuse to answer individual questions within the survey. Interviewers must distinguish between pressuring a respondent to participate and providing the respondent with sufficient information upon which to base a rational decision about participation.
    - 3. Right to accurate representation. Requires honesty in dealing with respondents and provision of completely accurate information.
      - \*Your name
      - \*The name of the organization doing the study, Boston Medical Center/Haitian Health Institute
      - \*The purpose of the study-- to learn about how women (Haitian) use health care, how they feel about their own health, and about breast cancer.
      - \*The realistic length of the interview: 30 to 40 minutes.
      - \*Their participation is strictly voluntary.
      - \*Their answers are completely confidential.
    - 4. Right to privacy. Relates to certain guarantees against invasion of privacy.
  - C. Benefits to Participants:
    - 1. Information about breast cancer and mammography.

- 2. Information about where to go for more information.
- 3. Information about where to go for primary health care.
- 4. A small token of our appreciation (\$10.00).

## D. Your pledge of confidentiality:

Due to the tightness and smallness of the Haitian community in Boston and surrounding cities, it is quite possible that you will have mutual acquaintances with someone you interview, family connections, or other connections; or that respondents will have some connection with people you talk to. YOU MUST NEVER DISCUSS A SPECIFIC RESPONDENT WITH ANYONE OUTSIDE OF THE STUDY.

# WORKING CONDITIONS AND GROUND RULES FOR INTERVIEWERS

#### 1. Terms of employment relationship

You are employed by Boston Medical Center Haitian Health Institute.

You are working with us on a full time, temporary basis, to complete a specific, short-term project.

You are expected to work independently, mostly outside of Boston Medical Center/Haitian Health Institute offices.

You must keep careful track of your time, and submit completed timecards at the end of every week (THURSDAY) to Linda Ko. You will be paid only for the hours shown on correctly completed timecards, approved by your supervisor.

IT IS IMPORTANT TO REMEMBER THAT WHEN YOU ARE IN THE FIELD YOU STILL REPRESENT THE HAITIAN HEALTH INSTITUTE OF BOSTON MEDICAL CENTER TO THE COMMUNITY. WE EXPECT YOU TO MEET THE HIGHEST STANDARDS OF PROFESSIONALISM AND COURTESY AT ALL TIMES.

#### 2. Your specific rights

You have been hired to do an important job, one that must be done right and is not always easy. We respect your professionalism, your hard work, your dedication, and we will always treat you with respect and courtesy.

You have the right to receive proper training and instruction in how to do your job, and ongoing support and supervision to help you do it well. You should never feel that you are being thrown into a situation you are not prepared for. At any time, if you feel you need further training to complete your job, please feel free to voice these concerns to your supervisor.

You have the right to have your personal safety protected. Interviewers will always go into the community in teams of at least two. If you feel you are not safe in a particular place, time or situation, you have the right to raise the issue with the Project Coordinator and to have your concerns addressed before you enter the situation.

You have the right to be paid promptly for your work.

You have flexibility in your work schedule within the protocol for the project you are working on. The Project Coordinator will schedule interviewing sessions and arrange for team assignments, but you do not have to accept every assignment you are offered. Your availability, however, will be considered in whether to offer you future opportunities at the Institute. If your performance is satisfactory and you are otherwise appropriately qualified, you have the right to be considered for future opportunities at the Institute.

### 3. Your responsibilities

By accepting a work assignment, you have made a commitment and you are expected to keep it. If you are forced to cancel because of illness or for other reasons beyond your control, you must call the Project Coordinator as early as possible to inform her.

YOU MUST COMPLETE THE INTERVIEW WITH THE APPROPRIATELY SELECTED SUBJECT, ASK THE QUESTIONS AS THEY ARE WRITTEN, IN THE RIGHT ORDER, ETC.

Tell us when there are problems, and let us know your suggestions.

Be courteous and respectful to the respondents. Remember, they are giving their time to help us and to help other women. The only compensation we can give them is our gratitude and our recognition of the value and importance of the information they are giving us, and \$10.00. Let them know how much we appreciate their help.

Fill out the questionnaire completely, accurately and legibly and don't forget to include the ID numbers on both the tracking form and corresponding questionnaire. No matter how well you do an interview, your effort is wasted if we don't record the data correctly.

Be a part of the team. Help and support your co-workers. Make this a positive experience for everyone and a successful, high quality scientific project as well!

# ADMINISTERING THE QUESTIONNAIRE

#### **CONVENTIONS**

- Lower Case Type is for anything that is to be read to the Respondent.
- Parentheses are used to built probes.
- Upper Case Type is used for anything that is not read to the Respondent -- usually as an instruction or aid to the Interviewer. It may or may not be in parentheses or brackets.

i.e. GO TO instructions guide the Interviewer to skip over "not applicable" questions and guide them to the next "applicable" question.

#### WORDING

- Interviewers must read questions exactly as they are worded in the questionnaire with no additions, deletions, or substitutions.
- Read the entire question before accepting the Respondent's answer.
- Ask the questions in the order they are written.
- Don't skip a Question because the answer seemed to have been given earlier or because you "know" the answer.
- Use a pleasant tone of voice which conveys assurance, interest, and a professional manner.
- Read about 2-3 words per second.

#### RECORDING

- Record all responses immediately.
- Record the responses verbatim.
- Record all comments that are related to the objectives of the question.
- Record all probes.

#### THE ROLE OF THE INTERVIEWER - BIAS

- What kind of a relationship should the interviewer try to establish with the respondent? Why?
- Does the relationship change at all during the whole time that the interviewer is talking to the respondent?
- What about the interviewer's relationship with other people in the household?
- What kinds of things can an interviewer say or do to create a bias?
- Why is it important to avoid bias?
- Is bias always wrong?
- What do you think is the hardest part of the interviewer's job in conducting the interview?
- Should the interviewer hide his/her feelings or opinions on all topics at all times?
- Why is it important to read the questions exactly as written?
- Can minor changes in the questions be made on occasion?
- Do you anticipate any difficulty in recording the interview?

## Discussion Questions on Probing Movie

1. Is silence - a pause - an appropriate probe?

When you're sure the respondent understands the question - and just needs time to think.

2. What are the problems with a pause as a probe?

The respondent may wander off the question topic.

3. Is repeating the question an appropriate probe?

When the respondent's answer is off the point.

4. When is it inappropriate?

When respondent answers partially or unclearly but has understood the question. In this case, repeating the question could be annoying.

5. When do you ask for more information - "Could you tell me more about that?"

Ask for more information only when the first answer is clear but you want more elaboration.

6. What is the danger in asking for more information?

When respondent's first answer is unclear or off the point of the question, asking for more information will just produce more un-clarity.

7. How do you probe when the respondent answers with "sometimes"?

Emphasize "in general" or "your best guess".

#### PROBING PRINCIPLES AND STANDARDS

## A. Functions of the Probe

- 1. The probe should in no way change the frame of reference of the question
- 2. The probe should never indicate that one answer is expected over another
- 3. The probe should never indicate that one answer is more socially acceptable than another
- 4. The probe should motivate the respondent to meet the question's objective.

#### B. Standard types of Probes

## 1. Closed-ended questions

Repeat Question
Repeat Categories
Which is closer if you had to choose
Best guess
Zero in
In general, on average

#### 2. Open-ended questions

Repeat Question What do you mean? Tell me more Anything else?

#### 3. General Probes

Whatever it means to you
Confidentiality reassurance
Remind of the purpose of question/study
Take a minute to think about it

# APPENDIX 3



One Boston Methial Center Place Boston AIA (1718-7594 let (1776)8 80191 let (1774)8 30101

# Communication, cultural model of breast cancer beliefs and screening mammography: An assessment of attitudes among Haitian immigrants in Eastern Massachusetts.

#### Informed consent

The purpose of this research study is to ask women about their health care, some of their ideas and feelings about health issues, including breast cancer and screening mammography. The study is being done to find information that will help us improve health care for women.

Women living in neighborhood where large numbers of Haitian families lives, are randomly selected and asked to answer a questionnaire in a face to face interview. The interview will take about 20 to 30 minutes. For participating, we will give you a voucher for \$10.00 to make up for your time and effort. Your participation is completely voluntary and you do not have to answer any questions that you don't want to.

The interview and questionnaire data will be kept confidential. All data will be safely secured in locked cabinets, and access to this data will be restricted to the principal and co-principal investigators and the project coordinator. Any reports or publications will not identify individual participant by name or initials.

There are no foreseeable risks or discomforts associated with your participation in this research. You will not benefit directly from participation in this study. We hope with the knowledge gained from this study, to make better health promotion campaign among women.

Representatives form the U.S. Army Medical Research, Development, Acquisition and Logistics Command are eligible to inspect the records of this research as part of their responsibilities to protect human subjects in research.

If you have any questions regarding the research or your participation in it, either now or at any time in the future, please feel free to ask them. The research team, particularly Michele David, M.D. who may be reached at 617-414-7399, will be happy to answer any questions you may have. You may obtain additional information about your rights as a research subject by calling the Coordinator of the Institutional Review Board for Human Research at Boston Medical Center at 617-638-7266. If any problems arise

Unly Valid From 4/10/00 to 4/10/01

as a result of your participation in this research, including research-related injuries, please call the principal investigator, Michele David, M.D. at 617-414-7399 immediately.

You are not obligated to participate in this research. If you choose not to participate, your present and/or future medical care will not be affected in any way. Also, if you participate, you may withdraw your consent and discontinue participation at any time without affecting you in any manner.

It is hoped that you will agree to participate in this research, by signing this informed consent form in the space provided. Your help is vital to the success of this study. If you have any question concerning this study please feel free to contact the following:

Michele David, M.D. Principal Investigator 617-414-7399

Subject Signature	
Date	
Research Staff Initials	
Date	

VALID FOR USE THROUGH <u>-4/10/01</u> PER IRB <u>LAF 4(10/00</u>



One Boston Medical Center Place Boston, MA 02118-2393 Tel: 617 638 8000 Tel: 617 414 5000

### Kominikasyon, modèl kiltirèl sou sa yo panse sou kansè nan tete ak egzamen mamogram:

Yon evalyasyon sou atitid imigran Ayisyen nan "Massachusetts".

#### Fòm Konsantman

Objektif rechèch sa a se pose fanm keksyon sou swen sante yo, kèk nan lide ak santiman yo sou zafè lasante, ansanm ak kansè nan tete ak egzamen mamogram. Nou fè etid sa a pou n' ka jwenn enfòmasyon ki kapab ede n' amelyore swen sante pou fanm.

N'ap chazi oaza fanm k'ap viv nan zòn kote ki gen anpil Ayisyen, epi n'ap mande yo pou fè yon entèvou kote y'a gen pou reponn keksyon ki nan yon keksyonè. Entèvou a ap dire soti 20 pou rive 30 minit. Pou tèt w patisipe nan etid la, n'ap ba w yon resi pou \$10.00 (W ap chaje l' nan kès Boston Medical Center) kòm ankourajman pou tan w ak efò w. Patisipason w nan etid la ap fet sou yon baz volontè epi w pa gen pou reponn okenn keksyon ki pa fè w plezi.

Entèvou a ak repons ou yo ap rete konfidansyèl (sekrè). N'ap mete tout done yo an sekirite anba kle nan klasè, epi se sèl moun ki reskonsab ankèt la, asistan li yo ak koòdonatè pwojè a k'ap kapab al ladan yo. Pap gen non ni inisyal pèson moun ki patisipe nan etid la k'ap parèt nan okenn rapò osnon piblikasyon ki gen pou fèt.

Nou pa prevwa okenn ris oubyen malèz ou kapab jwenn paske w patisipe nan rechèch sa a. W pap tire okenn benefis dirèk pou patisipasyon w nan etid sa a. Nou espere ke avèk konesans n'a jwenn nan etid sa a, n'a kapab fè pi bon kanpay pwomosyon nan mitan fanm yo.

Reprezantan ki soti nan "U.S Army Medical research and Materiel Command" gen dwa enspekte dosye rechèch sa a, paske sa fè pati de reskonsablite yo pou yo pwoteje moun ki patisipe nan rechèch.

Si w gen nenpòt keksyon sou rechèch la oubien patisipasyon w ladan l', ke se konye a oswa pi devan, tanpri mete w alèz pou poze yo. W kapab jwenn Ekip k'ap fè rechèch la, sitou Dr. Michèle David, k'ap byen kontan reponn nenpòt keksyon w ta genyen, nan (617)-414-7399. Si ou ta vle gen plis enfomasyon sou dwa ou kom patisipan nan you etid, ou ka pab rele koòdonatè "Institutional Review Board for Human Research" (kmite siveyans sou eitid ki gen moun ki patisipe ladan yo) nan numero (617)638-7266, nan "Boston Medical Center". Si nenpòt pwoblèm ta vin rive w paske w patisipe nan rechèch sa a, tankou blese,

For Mean, il Control

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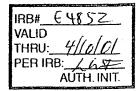
 Restan University School of Public Health

 Action University Fracts M. Goldbridge School of Control Medicage

IRB#<u>E リダ「之</u> VALID THRU:<u>学(1001</u> PER IRB:<u>人んデ</u> AUTH. INIT. etan w nan etid la, tanpri rele envestigatè prensipal ankèt la, Dr. Michele David nan nimewo (617) 414-7399 tousuit.

W pa oblije patisipe nan rechèch sa a. Si w pa vle patisipe, sa pap deranje anyen nan swen sante ke w ap resevwa kounye a ni apre. W kapab, si w ap patisipe, chanje lide w nenpôt lè san sa pa afekte w nan anyen.

Inisyal patisipan an:
Inisyal manm ekip rechèch la:
Dat:
Ed ou trèzenpòtan pou siksè etid sa a. Si w gen nenpòt keksyon sou etid sa a,
tanpri mete w alèz pou rele moun sa a:
Michele David, M.D.
Envestigatè prensipal
(617) 414-7399
Si w swete patisipe nan etid la, w'ap gen pou w siyen nan plas ki anba a.
Si w swete patisipe nan ciu ia, w up gon pou w orjon nam proc m ancou m
Non patisipan an (avèk lèt majiskil):
Siyati patisipan an:
Dat:
Non manm ekip rechèch la (avèk lèt majiskil):
Siyati manm ekip rechèch la:
Dat:



-IRB Protocol Number: E4852

#### **Informed Consent**

Communication, cultural model of breast cancer beliefs and screening mammography: An assessment of attitudes among Haitian immigrants in Eastern Massachusetts

One Boston Medical Center Place Boston, MA 02118-2393 Tel: 617 638 8000 Tel: 617 414 5000

Principal Investigator: Michele David, MD, MBA, MPH

Co-investigators: Karen Freund, MD, MPH Nicole Prudent, MD, MPH

<u>Purpose</u>: The purpose of this research study is to ask women about their health care, and some of their ideas and feelings about health issues, including breast cancer and screening mammography. The study is being done to find information that will help us improve health care for women.

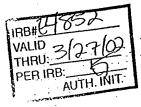
Eligibility: Women living in neighborhood where large numbers of Haitian families live, are randomly selected and asked to answer a questionnaire in a face to face interview. The interview will take about 20 to 30 minutes.

<u>Stipends</u>: For participating, we will give you a voucher for \$10.00 to make up for your time and effort.

Participation and Rights: Your participation is completely voluntary and you do not have to answer any questions that you don't want to answer. If you choose not to participate, your present and/or future medical care will not be affected in any way. If you participate, you may withdraw your consent and discontinue participation at any time without affecting you in any manner. Also, the research staff will give you a copy of informed consent forms with you signature, if you agree to participate.

<u>Confidentiality</u>: the interview and questionnaire data will be kept confidential. All data will be safely secured in locked cabinets, and access to this data will be restricted to the principal and co-principal investigators and the project coordinator. Any reports or publications will not identify individual participant by name or initials.

<u>Risk and Benefits</u>: there are no foreseeable risks or discomforts associated with your participation in this research. You will not benefit directly from participation in this study. We hope to make better health promotion campaign among women with the knowledge gained from this study.



BOSTON UNIVERSITY MEDICAL CENTER

IRB Protocol Number: E4852

Communication, cultural model of breast cancer beliefs and screening mammography: An assessment of attitudes among Haitian immigrants in Eastern Massachusetts

Study Records: Representatives from the U.S. Army Medical Research, Development, Acquisition and Logistics Command, Boston University Medical Center Institutional Review Board, and the U.S. Food and Drug Administration are eligible to inspect the records of this research as part of their responsibilities to protect human subjects in research.

Contact Number: If you have any questions regarding the research or your participation in it, please feel free to ask the interviewer. If questions arise in the future, Michele David, MD may be reached at 617-414-7399 and will be happy to answer any questions you may have. You may obtain additional information about your rights as a research subject by calling the Institutional Review Board for Human Research at Boston Medical Center at 617-638-7207. If any problems arise as a result of your participation in this research, including research-related injuries, please call the principal investigator, Michele David, M.D. at 617-414-7399 immediately.

It is hoped that you will agree to participate in this research, by signing this informed consent form in the space provided. Your help is vital to the success of this study. If you have any questions concerning this study please feel free to contact the following:

Michele David, M.D, MBA, MPH Principal Investigator 617-414-7399

Linda Ko, MS, MPH Project Coordinator 617-414-6919

Subject Signature	· .		
Date	•	ŧ.	
Research Staff Initials			
Date			



#### Fòm Konsantman

One Boston Medical Center Place Boston, MA 02118-2393 Tel: 617 638 8000 Tel: 617 414 5000

Kominikasyon, modèl kiltirèl sou sa moun panse sou kansè nan tete ak ekzamen mamogram: Yon evalyasyon sou atitid imigran Ayisyen nan Massachusetts

Envestigatè Prensipal pou pwojè a, se doktè Michele David Lòt Envestigatè yo, se doktè Karen Freund ak doktè Nicole Prudent

Objektif: Objektif rechèch sa a, se poze fanm kesyon sou swen sante yo ansanm avèk kèk lide ak pèsepsyon yo genyen sou kesyon sante tankou kansè nan tete ak ekzamen mamogram. Rezon etid sa a, se ede jwenn enfòmasyon k ap kapab ede nou amelyore swen sante pou fanm.

Elijibilite: N ap chwazi oaza fanm k ap viv nan katye ki genyen anpil Ayisyen epi n ap mande yo pou nou entèvyou yo. Diran entèvyou sa y ap genyen pou yo reponn divès kesyon ki nan yon kesyonè. Entèvyou a ap gen pou dire ant 20 ak 30 minit.

Konpansasyon: Pou patisipasyon ou, n ap ba ou yon fich ki vo 10 dola kòm rekonpans pou tan ak jefò ou bay nan etid la.

Patisipasyon ak dwa ou: Patisipasyon ou ap fêt sou yon baz volontê epi ou pa p gen obligasyon pou reponn okenn kesyon ou pa vle reponn. Si ou chwazi pou pa patisipe, sa pa p gen anyen pou wê avêk swen medikal ou ap resevwa koulye a oubyen swen ou ap gen pou resevwa pi devan. Si ou chwazi pou patisipe, se dwa ou pou chanje lide ou nenpôt lê ou vle pou pa kontinye, sa pa p gen pou l afekte ou nan okenn manyê. Epitou, ekip k ap travay nan rechêch la ap gen pou ba ou yon kopi fôm konsantman an avêk siyati ou anba li si ou chwazi pou patisipe.

Konfidansyalite: Entèvyou a ak repons ou ap gen pou bay yo ap rete sekrè. Tout enfômasyon n ap kolekte yo apral klete nan yon bifèt ki plen sekirite; se sèlman envestigatè pwojè a ak moun ki se kowòdonatè a k ap gen dwa pou yo ale kote y ap ye a. Kelkeswa rapò a oubyen piblikasyon k ap gen pou sòti a pa p idantifye ni non, ni inisyal pèsòn moun ki patisipe nan etid la.

Ris ak Avantaj: Nou pa prevwa oken ris oubyen malèz ou kapab rankontre paske ou patisipe nan rechèch la. Ou pa p gen pou tire okenn avantaj dirèk paske ou patisipe nan etid sa a. Nou espere fè yon pi bon kanpay pou pwomosyon sante nan mitan fanm yo avèk konesans nou jwenn nan etid sa a.

BOSTON UNIVERSITY MEDICAL CENTER

IRB# 48.5 2 VALID THRU: 3.08 63 PER IRB: 4 1 1 AUTH. INIT.

IRB Protocol Number: E4852

Kominikasyon, modèl kiltirèl sou sa moun panse sou kansè nan tete ak ekzamen mamogram: Yon evalyasyon sou atitid imigran Ayisyen nan Massachusetts

Etid Dosye yo: Reprezantan ki sòti nan "US Army Medical Research Development, Acquisition and Logistics Command, Boston University Medical Center Institutional Review Board, and the US Food and Drug Administration" gen dwa pou enspekte dosye rechèch sa a paske sa fè pati reskonsablite yo pou yo pwoteje moun ki patisipe nan rechèch.

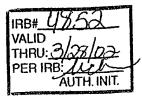
Nimewo pou kontakte: Si ou gen nenpòt kesyon sou rechèch la oubyen sou patisipasyon ou ladan l, tanpri pran tout libète ou pou adrese yo bay moun k pa fè entèvyou a. Si pi devan ou ta vin genyen kesyon ou bezwen mande, envestigatè prensipal la, doktè Michele David ap trè kontan pou li reponn tout kesyon ou kapab genyen. Ou kapab jwenn doktè David nan nimewo 617-414-7399. Si ou ta vle gen plis enfômasyon sou dwa ou kòm patisipan nan yon rechèh, ou kapab rele biwo "Institutional Review Board for Human Research" nan lopital 'Boston Medical Center" nan nimewo 617-638-7202. Si ta vin genyen okenn pwoblèm ki ta rezilta patisipasyon ou nan rechèch la, tankou yon aksidan ki ta rive etan ou nan etid la, tanpri rele envestigatè prensipal la tousuit, doktè Michele David nan nimewo 617-414-7399.

Nou espere ou ap aksepte pou patisipe nan rechèch sa a. Pou fè sa, ou ap mete siyati ou sou fòm konsantman an nan espas ki rezève pou sa a. Asistans ou trè enpòtan pou reyisit etid sa a. Si ou genyen nenpòt kesyon ki konsène etid sa a, tanpri pran tout libète ou pou rele moun sa yo:

Doktè Michele David ki se envestigatè prensipal pou rechèch la nan nimewo 617-414-7399

Linda Ko ki se Kowòdonatè pou rechèch la nan nimewo 617-414-6919

Siyati patisipan nan etid la:	
Dat:	
Inisyal moun k ap travay nan rechèch la:	
Dat:	



### APPENDIX 4

	Identified Variables			
Outcome variables	Variables	Number of questions	Question in the questionnaire	Scale (point)
	Ever had a mammogram	1	Q 4-1	N/A
	Recent Mammogram  - Mammogram in the past year  - Mammogram in the past two year	1	Q 4-21	5 point scale
-	Repeat mammogram (Lifetime number of mammograms)	2	Q 4-13 & Q 4-14	N/A
	Follow up for abnormal mammogram	1	Q 4-15	N/A
	Clinical Breast Exam	1	Q 4-34	N/A
	Self Breast Exam	1	Q 4-39	N/A

Independent Variables	Variables	Number of questions	Question in the questionnaire	Scale (point)
	Demographic			
	- Age	2	Q 10-12 & Q10-13	N/A
	- Education	1	Q 10-1	4 point scale
	- Marital Status	1	Q 10-2	5 point scale
	- Employment Status	1	Q 10-3	8 point scale
	- Type of Insurance	1	Q 10-7	5 point scale
	- Household size	1	Q 10-11	N/A
	- Household income	1	Q 10-14	7 point scale
		1	Q1014	, possesses
	Acculturation	,	0.1.10	20 maint scale
	- Ethnicity	1	Q 1-10	20 point scale
	- Number of years in the U.S.	2	Q 1-3 & Q 1-4	N/A
	- First language	1	Q 1-9	6 point scale
	- Language use	8	Q 7-1 through Q 7-8	10 point scale
	- Cultural Identity scale	15	Q 7-9 through Q 7-13	4 point scale
	,		Q 7-14 through Q 7-23	10 point scale
	Health Care Variables			
	- Perceived health	1	Q 2-1	5 point scale
	- Family history of breast cancer	3	Q 2-8, Q 2-10, & Q 2-12	N/A
		1	Q 2-45	5 point scale
	- Use of preventive care	1	Q 3-20	N/A
	- Choice of western or alternative medicine for cancer	1	Q 3-20	IV/A
	Primary care provider			
	- Having a provider	2	Q 2-25 & Q 2-31	N/A
	- Location	1	Q 2-28	8 point scale
	- Provider congruence	1	Q 2-38	4 point scale
	1. Language	1	Q 2-38 Q 2-43	N/A
	2. Gender	_		N/A
	3. Ethnicity	1	Q 2-42	
	Knowledge of mammogram	6	Q 4-1	N/A
		5	Q 4-2, Q 4-4, Q 4-7,	Agree/Disagree
			Q 4-8 & Q 4-9	
	Attitudes on cancer and preventive medicine			
		3	Q 4-5, Q 5-1, & Q 5-2	Agree/Disagree
	- Modesty	5	Q 5-3 through Q 5-5,	Agree/Disagree
	- Fatalism	3		1 Igico Disagio
			Q 5-10 & Q 5-12	
	- Faith in medicine	3	Q 5-7 through Q 5-9	Agree/Disagree

# APPENDIX 5

# **Cultural Models of Breast Cancer Beliefs & Screening Practices among Haitian Women**

MA David, N Prudent, KM Freund, LK Ko

Section of General Internal Medicine Haitian Health Institute

#### Background

- Present late for evaluation of breast abnormalities
- Unique cultural model of health beliefs
  - Illness sent by the enemy or deity
  - Illness that can be cured by God
  - Illness that can be treated by the help of an herbalist
- Categorized as African American or Caribbean in other studies

#### Background: Pilot Study

- Haitian women more frequent users of home remedies
- Haitian women are more likely to interpret diagnosis of cancer as a death sentence
- Lower rate of mammogram

#### Study Overview

- Cross-sectional survey
- An in-person interview on women ages 40 and over, who reside in Cambridge, Brockton, Somerville, and Boston in the state of Massachusetts

#### Hypotheses

- · Haitian women
  - have fewer mammogram than control groups
  - have fewer recent mammogram
  - utilize alternative medicine for serious conditions including cancer
  - have lower rates of follow up for abnormal screening
  - cancer knowledge, attitudes, and cultural beliefs in part explain differences between the mammogram rates among Haitian women and control groups

#### Methods: Data Collection

- Surveyed neighborhoods with high concentration of Haitian families
- Randomly selected 12/50 households to survey
- Door to door in-person interview
- Interviewed in English or Haitian Creole

### Population

- Cases: Haitian women
- Control: Caucasian, Hispanic, African American, English speaking Caribbean, and other non-Haitian women living in the same neighborhood

#### Data Collected

- Total: 565 women
  - 227 (40%) Haitian
  - 123 (22%) Caucasian
  - 120 (21%) African American
  - 49 (9%) Caribbean
  - 33 (6%) Latina
  - 13 (2%) Others
- Response rate: 78%

# Major Analytic Variables: Outcome Variables

- Ever had a mammogram
- Recent mammogram:
  - Mammogram in the past year
  - Mammogram in the past two years
- Repeat mammogram: Lifetime number of mammograms
- Follow up for abnormal mammogram
- Clinical Breast Exam
- Self Breast Exam

### Independent Variables

- Demographic Variables
  - Age
  - Education
  - Marital status
  - Employment status
  - Type of insurance
  - Household income
  - Household size

### Independent Variables: Cont.

- Acculturation Variables
  - Ethnicity
  - Number of years in the US
  - First language
  - Cultural Identity scale

### Independent Variables: Cont.

- Health Care Variables
  - Perceived health (1 question- 5 pt scale)
  - Family history of breast cancer (3 questions)
  - Use of preventive care (1 question)
  - Choice of western or alternative medicine for cancer (1 question based on vignette)

### Independent Variables: Cont.

- Primary Care
  - Location
  - Provider
  - Provider Congruence by
    - Language
    - Gender
    - Ethnicity

### Independent Variables: Cont.

- Knowledge & Attitudes about cancer (agree/disagree)
  - Modesty (3 questions)
  - Fatalism
  - Faith in medicine

## APPENDIX 6





91 East Concord Street, Suite 200 Boston, MA 02118-2393 Tel: 617 414 7399 Fax: 617 414 4676 E-mail: mdavid@bu.edu October 16, 2001

John Cragin, MBA, MSW Associate Director, Pre Award & Regulatory Compliance Research and Service Grants Administration Gambro Building, 2<sup>nd</sup> floor 660 Harrison Ave. Boston, MA 02118

General Internal Medicine Research Unit

MICHELE M.A. DAVID, MD, MBA, MPH, FCCP

Assistant Professor of Medicine

Boston University School of Medicine

Co-Director

Haitian Health Institute

Dear Mr. Cragin:

Re: DAMD17-99-1-9082

I am writing to request a 12 month no-cost extension on my research project titled: "Communication, Cultural Models of Breast Cancer Beliefs & Screening Mammography: An Assessment of Attitudes Among Haitian Immigrant Women in Eastern Massachusetts." We seek this extension in order to complete the data analysis and manuscript preparation phase of the work.

We anticipate completion of all subject recruitment and data collection by November 2001. We have encountered challenges in finding an adequate sample of Haitian women and enrolling them into our study. We have taken a number of additional steps including hiring interns (summer) to complete our recruitment and sampling additional blocks. As of September 2001, we had completed 90% of our interviews. The remaining 10% of interviews were completed at the end of October 2001.

Since August 2001, we have been actively developing the final data set, which should be completed by December 2001. Upon completion of the data set, we will conduct analyses of the data and begin developing the manuscripts. The no cost extension will provide us the ability to complete all analyses and submit manuscripts on the project.

We appreciate your response.

Sincerely,

Michele David MD, MBA, MPH

BOSTON UNIVERSITY MEDICAPrincipal Investigator